Australian Government

Department of Health

Schedule of Pharmaceutical Benefits

General Pharmaceutical Schedule - Volume 1

Effective 1 December 2021

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

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

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Fees, Patient Contributions and Safety Net Thresholds

The following fees, patient contributions and safety net thresholds apply as at 1 December 2021 and are included, where applicable, in prices published in the Schedule —

Dispensing Fees:	Ready-prepared	$7.78
	Dangerous drug fee	$4.82
	Extemporaneously-prepared	$9.82
	Allowable additional patient charge*	$4.42
Additional Fees (for safety net prices):	Ready-prepared	$1.30
	Extemporaneously-prepared	$1.67
Patient Co-payments:	General	$41.30
	Concessional	$6.60
Safety Net Thresholds:	General	$1497.20
	Concessional	$316.80
Safety Net Card Issue Fee:		$10.34

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

Summary of Changes

These changes to the Schedule of Pharmaceutical Benefits are effective from 1 December 2021. The Schedule is updated on the first day of each month and is available on the internet at www.pbs.gov.au.

Prescriber Bag

Deletions

Deletion – Brand

3495Y *Ventolin CFC-free, GK* – **SALBUTAMOL**, salbutamol 100 microgram/actuation inhalation, 200 actuations

3496B *APO-Salbutamol, TX* – **SALBUTAMOL**, salbutamol 2.5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

3496B *Salbutamol AN, ED* – **SALBUTAMOL**, salbutamol 2.5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

3496B *Salbutamol Actavis, EA* – **SALBUTAMOL**, salbutamol 2.5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

3497C *Salbutamol Actavis, EA* – **SALBUTAMOL**, salbutamol 5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

Deletion – Equivalence Indicator

3495Y *Asmol CFC-free, AL* – **SALBUTAMOL**, salbutamol 100 microgram/actuation inhalation, 200 actuations

General Pharmaceutical Benefits

Additions

Addition – Item

12769C **FOLLITROPIN ALFA**, follitropin alfa 300 units (22 microgram)/0.5 mL injection, 0.5 mL cartridge *(Ovaleap)*

12808D **FOLLITROPIN ALFA**, follitropin alfa 450 units (33 microgram)/0.75 mL injection, 0.75 mL cartridge *(Ovaleap)*

12778M **FOLLITROPIN ALFA**, follitropin alfa 900 units (66 microgram)/1.5 mL injection, 1.5 mL cartridge *(Ovaleap)*

12789D **HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE**, high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (4:1 ratio medium chain fat to carbohydrate plus protein) oral liquid, 30 x 250 mL cartons *(KetoVie Peptide 4:1)*

12790E **LANADELUMAB**, lanadelumab 300 mg/2 mL injection, 2 mL syringe *(Takhzyro)*

12785X **RIBAVIRIN**, ribavirin 200 mg tablet, 100 *(Ibavyr)*

12764T **RIPRETINIB**, ripretinib 50 mg tablet, 90 *(Qinlock)*

12761P **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Actemra ACTPen)*

12762Q **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Actemra Subcutaneous Injection)*

12767Y **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Actemra ACTPen)*

12768B **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Actemra Subcutaneous Injection)*

12792G **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices *(Actemra ACTPen)*

12806B **TOCILIZUMAB**, tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes *(Actemra Subcutaneous Injection)*

12773G **VENETOCLAX**, venetoclax 50 mg tablet, 7 *(Venclexta)*

12803W **VENETOCLAX**, venetoclax 100 mg tablet, 120 *(Venclexta)*

Addition – Brand

8658Q *APO-Ciclosporin, TX* – **CICLOSPORIN**, ciclosporin 25 mg capsule, 30

8659R *APO-Ciclosporin, TX* – **CICLOSPORIN**, ciclosporin 50 mg capsule, 30

8660T *APO-Ciclosporin, TX* – **CICLOSPORIN**, ciclosporin 100 mg capsule, 30

1354G *DASATINIB-TEVA, TB* – **DASATINIB**, dasatinib 20 mg tablet, 60

1354G *TE-DASATINIB, TI* – **DASATINIB**, dasatinib 20 mg tablet, 60

2478K *DASATINIB-TEVA, TB* – **DASATINIB**, dasatinib 20 mg tablet, 60

2478K *TE-DASATINIB, TI* – **DASATINIB**, dasatinib 20 mg tablet, 60

9125G *DASATINIB-TEVA, TB* – **DASATINIB**, dasatinib 20 mg tablet, 60

9125G *TE-DASATINIB, TI* – **DASATINIB**, dasatinib 20 mg tablet, 60

1381Q *DASATINIB-TEVA, TB* – **DASATINIB**, dasatinib 50 mg tablet, 60

1381Q *TE-DASATINIB, TI* – **DASATINIB**, dasatinib 50 mg tablet, 60

2482P *DASATINIB-TEVA, TB* – **DASATINIB**, dasatinib 50 mg tablet, 60

2482P *TE-DASATINIB, TI* – **DASATINIB**, dasatinib 50 mg tablet, 60

9126H *DASATINIB-TEVA, TB* – **DASATINIB**, dasatinib 50 mg tablet, 60

9126H *TE-DASATINIB, TI* – **DASATINIB**, dasatinib 50 mg tablet, 60

1415L *DASATINIB-TEVA, TB* – **DASATINIB**, dasatinib 70 mg tablet, 60

1415L *TE-DASATINIB, TI* – **DASATINIB**, dasatinib 70 mg tablet, 60

2485T *DASATINIB-TEVA, TB* – **DASATINIB**, dasatinib 70 mg tablet, 60

2485T *TE-DASATINIB, TI* – **DASATINIB**, dasatinib 70 mg tablet, 60

9127J *DASATINIB-TEVA, TB* – **DASATINIB**, dasatinib 70 mg tablet, 60

9127J *TE-DASATINIB, TI* – **DASATINIB**, dasatinib 70 mg tablet, 60

1416M *DASATINIB-TEVA, TB* – **DASATINIB**, dasatinib 100 mg tablet, 30

1416M *TE-DASATINIB, TI* – **DASATINIB**, dasatinib 100 mg tablet, 30

9342Q *DASATINIB-TEVA, TB* – **DASATINIB**, dasatinib 100 mg tablet, 30

9342Q *TE-DASATINIB, TI* – **DASATINIB**, dasatinib 100 mg tablet, 30

9343R *DASATINIB-TEVA, TB* – **DASATINIB**, dasatinib 100 mg tablet, 30

9343R *TE-DASATINIB, TI* – **DASATINIB**, dasatinib 100 mg tablet, 30

12300J *FULVESTRANT ACCORD, OC* – **FULVESTRANT**, fulvestrant 250 mg/5 mL injection, 2 x 5 mL syringes

12559B *Hikma, LM* – **HYDROMORPHONE**, hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

12582F *Hikma, LM* – **HYDROMORPHONE**, hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

2387P *Methylphenidate XR ARX, XT* – **METHYLPHENIDATE**, methylphenidate hydrochloride 18 mg modified release tablet, 30

2172H *Methylphenidate XR ARX, XT* – **METHYLPHENIDATE**, methylphenidate hydrochloride 27 mg modified release tablet, 30

2388Q *Methylphenidate XR ARX, XT* – **METHYLPHENIDATE**, methylphenidate hydrochloride 36 mg modified release tablet, 30

2432B *Methylphenidate XR ARX, XT* – **METHYLPHENIDATE**, methylphenidate hydrochloride 54 mg modified release tablet, 30

Addition – Equivalence Indicator

12678G *Humira, VE* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12700K *Humira, VE* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12701L *Humira, VE* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12752E *Humira, VE* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

1354G *Sprycel, BQ* – **DASATINIB**, dasatinib 20 mg tablet, 60

2478K *Sprycel, BQ* – **DASATINIB**, dasatinib 20 mg tablet, 60

9125G *Sprycel, BQ* – **DASATINIB**, dasatinib 20 mg tablet, 60

1381Q *Sprycel, BQ* – **DASATINIB**, dasatinib 50 mg tablet, 60

2482P *Sprycel, BQ* – **DASATINIB**, dasatinib 50 mg tablet, 60

9126H *Sprycel, BQ* – **DASATINIB**, dasatinib 50 mg tablet, 60

1415L *Sprycel, BQ* – **DASATINIB**, dasatinib 70 mg tablet, 60

2485T *Sprycel, BQ* – **DASATINIB**, dasatinib 70 mg tablet, 60

9127J *Sprycel, BQ* – **DASATINIB**, dasatinib 70 mg tablet, 60

1416M *Sprycel, BQ* – **DASATINIB**, dasatinib 100 mg tablet, 30

9342Q *Sprycel, BQ* – **DASATINIB**, dasatinib 100 mg tablet, 30

9343R *Sprycel, BQ* – **DASATINIB**, dasatinib 100 mg tablet, 30

8713N *Gonal-f Pen, SG* – **FOLLITROPIN ALFA**, follitropin alfa 300 units (21.84 microgram)/0.5 mL injection, 0.5 mL pen device

8714P *Gonal-f Pen, SG* – **FOLLITROPIN ALFA**, follitropin alfa 450 units (32.76 microgram)/0.75 mL injection, 0.75 mL pen device

8715Q *Gonal-f Pen, SG* – **FOLLITROPIN ALFA**, follitropin alfa 900 units (65.52 microgram)/1.5 mL injection, 1.5 mL pen device

12300J *Fulvestrant Sandoz, SZ* – **FULVESTRANT**, fulvestrant 250 mg/5 mL injection, 2 x 5 mL syringes

12559B *Hydromorphone hydrochloride oral solution, USP (Medsurge), DZ* – **HYDROMORPHONE**, hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

12582F *Hydromorphone hydrochloride oral solution, USP (Medsurge), DZ* – **HYDROMORPHONE**, hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

2387P *Concerta, JC* – **METHYLPHENIDATE**, methylphenidate hydrochloride 18 mg modified release tablet, 30

2172H *Concerta, JC* – **METHYLPHENIDATE**, methylphenidate hydrochloride 27 mg modified release tablet, 30

2388Q *Concerta, JC* – **METHYLPHENIDATE**, methylphenidate hydrochloride 36 mg modified release tablet, 30

2432B *Concerta, JC* – **METHYLPHENIDATE**, methylphenidate hydrochloride 54 mg modified release tablet, 30

Deletions

Deletion – Item

12113M **IMIPRAMINE**, imipramine hydrochloride 25 mg tablet, 100 *(Imipramine (Leading))*

Deletion – Brand

1007B *Aciclovir AN, ED* – **ACICLOVIR**, aciclovir 200 mg tablet, 90

1007B *Lovir, EA* – **ACICLOVIR**, aciclovir 200 mg tablet, 90

2019G *Novatin, TX* – **ACITRETIN**, acitretin 10 mg capsule, 100

2020H *Novatin, TX* – **ACITRETIN**, acitretin 25 mg capsule, 100

8511Y *Densate 70, DO* – **ALENDRONATE**, alendronate 70 mg tablet, 4

8594H *Amisulpride AN, EA* – **AMISULPRIDE**, amisulpride 100 mg tablet, 30

8595J *Amisulpride AN, EA* – **AMISULPRIDE**, amisulpride 200 mg tablet, 60

8596K *Amisulpride AN, EA* – **AMISULPRIDE**, amisulpride 400 mg tablet, 60

2751T *Amlodipine AN, EA* – **AMLODIPINE**, amlodipine 5 mg tablet, 30

2751T *Auro-Amlodipine 5, DO* – **AMLODIPINE**, amlodipine 5 mg tablet, 30

2752W *Amlodipine AN, EA* – **AMLODIPINE**, amlodipine 10 mg tablet, 30

2752W *Auro-Amlodipine 10, DO* – **AMLODIPINE**, amlodipine 10 mg tablet, 30

11998L *Amoxycillin AN, EA* – **AMOXICILLIN**, amoxicillin 250 mg capsule, 20

1884E *Amoxycillin AN, EA* – **AMOXICILLIN**, amoxicillin 250 mg capsule, 20

3301R *Amoxycillin AN, EA* – **AMOXICILLIN**, amoxicillin 250 mg capsule, 20

11947T *Amoxycillin AN, EA* – **AMOXICILLIN**, amoxicillin 500 mg capsule, 20

1889K *Amoxycillin AN, EA* – **AMOXICILLIN**, amoxicillin 500 mg capsule, 20

3300Q *Amoxycillin AN, EA* – **AMOXICILLIN**, amoxicillin 500 mg capsule, 20

11941L *AMOXICLAV AMNEAL 500/125, ED* – **AMOXICILLIN + CLAVULANIC ACID**, amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10

1891M *AMOXICLAV AMNEAL 500/125, ED* – **AMOXICILLIN + CLAVULANIC ACID**, amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10

5008N *AMOXICLAV AMNEAL 500/125, ED* – **AMOXICILLIN + CLAVULANIC ACID**, amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10

11933C *AMOXICLAV AMNEAL 875/125, ED* – **AMOXICILLIN + CLAVULANIC ACID**, amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

5006L *AMOXICLAV AMNEAL 875/125, ED* – **AMOXICILLIN + CLAVULANIC ACID**, amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

8254K *AMOXICLAV AMNEAL 875/125, ED* – **AMOXICILLIN + CLAVULANIC ACID**, amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

8717T *Aripiprazole AN, EA* – **ARIPIPRAZOLE**, aripiprazole 10 mg tablet, 30

8718W *Aripiprazole AN, EA* – **ARIPIPRAZOLE**, aripiprazole 15 mg tablet, 30

8719X *Aripiprazole AN, EA* – **ARIPIPRAZOLE**, aripiprazole 20 mg tablet, 30

8720Y *Aripiprazole AN, EA* – **ARIPIPRAZOLE**, aripiprazole 30 mg tablet, 30

1081X *Atenolol-GA, ED* – **ATENOLOL**, atenolol 50 mg tablet, 30

1081X *Tenolten 50, DO* – **ATENOLOL**, atenolol 50 mg tablet, 30

9092M *Atomoxetine Amneal, EA* – **ATOMOXETINE**, atomoxetine 10 mg capsule, 28

9093N *Atomoxetine Amneal, EA* – **ATOMOXETINE**, atomoxetine 18 mg capsule, 28

9094P *Atomoxetine Amneal, EA* – **ATOMOXETINE**, atomoxetine 25 mg capsule, 28

9095Q *Atomoxetine Amneal, EA* – **ATOMOXETINE**, atomoxetine 40 mg capsule, 28

9096R *Atomoxetine Amneal, EA* – **ATOMOXETINE**, atomoxetine 60 mg capsule, 28

9289X *Atomoxetine Amneal, EA* – **ATOMOXETINE**, atomoxetine 80 mg capsule, 28

9290Y *Atomoxetine Amneal, EA* – **ATOMOXETINE**, atomoxetine 100 mg capsule, 28

8213G *Atorvastatin Amneal, EF* – **ATORVASTATIN**, atorvastatin 10 mg tablet, 30

9230T *Atorvastatin Amneal, EF* – **ATORVASTATIN**, atorvastatin 10 mg tablet, 30

8214H *Atorvastatin Amneal, EF* – **ATORVASTATIN**, atorvastatin 20 mg tablet, 30

9231W *Atorvastatin Amneal, EF* – **ATORVASTATIN**, atorvastatin 20 mg tablet, 30

8215J *Atorvastatin Amneal, EF* – **ATORVASTATIN**, atorvastatin 40 mg tablet, 30

9232X *Atorvastatin Amneal, EF* – **ATORVASTATIN**, atorvastatin 40 mg tablet, 30

8521L *Atorvastatin Amneal, EF* – **ATORVASTATIN**, atorvastatin 80 mg tablet, 30

9233Y *Atorvastatin Amneal, EF* – **ATORVASTATIN**, atorvastatin 80 mg tablet, 30

2687K *Azathioprine AN, EA* – **AZATHIOPRINE**, azathioprine 50 mg tablet, 100

5551E *APO-Bimatoprost, TX* – **BIMATOPROST**, bimatoprost 0.03% eye drops, 3 mL

8620Q *APO-Bimatoprost, TX* – **BIMATOPROST**, bimatoprost 0.03% eye drops, 3 mL

8604W *Beprol 2.5, DO* – **BISOPROLOL**, bisoprolol fumarate 2.5 mg tablet, 28

8604W *Bisoprolol AN, EA* – **BISOPROLOL**, bisoprolol fumarate 2.5 mg tablet, 28

8605X *Beprol 5, DO* – **BISOPROLOL**, bisoprolol fumarate 5 mg tablet, 28

8605X *Bisoprolol AN, EA* – **BISOPROLOL**, bisoprolol fumarate 5 mg tablet, 28

8606Y *Beprol 10, DO* – **BISOPROLOL**, bisoprolol fumarate 10 mg tablet, 28

8606Y *Bisoprolol AN, EA* – **BISOPROLOL**, bisoprolol fumarate 10 mg tablet, 28

8114C *APO-Cabergoline, TX* – **CABERGOLINE**, cabergoline 500 microgram tablet, 8

8115D *APO-Cabergoline, TX* – **CABERGOLINE**, cabergoline 500 microgram tablet, 2

8295N *Candesartan AN, EA* – **CANDESARTAN**, candesartan cilexetil 4 mg tablet, 30

8296P *Candesartan AN, EA* – **CANDESARTAN**, candesartan cilexetil 8 mg tablet, 30

8297Q *Candesartan AN, EA* – **CANDESARTAN**, candesartan cilexetil 16 mg tablet, 30

8889W *Candesartan AN, EA* – **CANDESARTAN**, candesartan cilexetil 32 mg tablet, 30

8504N *Asartan HCT 16/12.5, DO* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30

8504N *Candesartan HCTZ AN 16/12.5, EA* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30

9314F *Asartan HCT 32/12.5, DO* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30

9314F *Candesartan HCTZ AN 32/12.5, EA* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30

9315G *Asartan HCT 32/25, DO* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30

9315G *Candesartan HCTZ AN 32/25, EA* – **CANDESARTAN + HYDROCHLOROTHIAZIDE**, candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30

8255L *Carvedilol AN, EA* – **CARVEDILOL**, carvedilol 3.125 mg tablet, 30

8256M *Carvedilol AN, EA* – **CARVEDILOL**, carvedilol 6.25 mg tablet, 60

8257N *Carvedilol AN, EA* – **CARVEDILOL**, carvedilol 12.5 mg tablet, 60

8258P *Carvedilol AN, EA* – **CARVEDILOL**, carvedilol 25 mg tablet, 60

11963P *Cephalexin AN, EA* – **CEFALEXIN**, cefalexin 250 mg capsule, 20

2655R *Cephalexin AN, EA* – **CEFALEXIN**, cefalexin 250 mg capsule, 20

3058Y *Cephalexin AN, EA* – **CEFALEXIN**, cefalexin 250 mg capsule, 20

3317N *Cephalexin AN, EA* – **CEFALEXIN**, cefalexin 250 mg capsule, 20

10778G *Cephalexin AN, EA* – **CEFALEXIN**, cefalexin 500 mg capsule, 20

11934D *Cephalexin AN, EA* – **CEFALEXIN**, cefalexin 500 mg capsule, 20

3119E *Cephalexin AN, EA* – **CEFALEXIN**, cefalexin 500 mg capsule, 20

3318P *Cephalexin AN, EA* – **CEFALEXIN**, cefalexin 500 mg capsule, 20

8439E *Celecoxib AN, EA* – **CELECOXIB**, celecoxib 100 mg capsule, 60

8440F *Celecoxib AN, EA* – **CELECOXIB**, celecoxib 200 mg capsule, 30

1209P *Ciprofloxacin AN, EA* – **CIPROFLOXACIN**, ciprofloxacin 500 mg tablet, 14

1209P *Loxip 500, DO* – **CIPROFLOXACIN**, ciprofloxacin 500 mg tablet, 14

1210Q *Ciprofloxacin AN, EA* – **CIPROFLOXACIN**, ciprofloxacin 750 mg tablet, 14

1210Q *Loxip 750, DO* – **CIPROFLOXACIN**, ciprofloxacin 750 mg tablet, 14

8702B *Citalopram Actavis, EA* – **CITALOPRAM**, citalopram 10 mg tablet, 28

8220P *Citalopram Actavis, ED* – **CITALOPRAM**, citalopram 20 mg tablet, 28

8703C *Citalopram Actavis, ED* – **CITALOPRAM**, citalopram 40 mg tablet, 28

8318T *Clarac, ED* – **CLARITHROMYCIN**, clarithromycin 250 mg tablet, 14

2275R *Clopidogrel-GA, EA* – **CLOPIDOGREL**, clopidogrel 75 mg tablet, 28

8358X *Clopidogrel AN, EA* – **CLOPIDOGREL**, clopidogrel 75 mg tablet, 28

9317J *Clopidogrel AN, EA* – **CLOPIDOGREL**, clopidogrel 75 mg tablet, 28

9354H *Clopidogrel-GA, EA* – **CLOPIDOGREL**, clopidogrel 75 mg tablet, 28

9296G *Clopidogrel/Aspirin Actavis 75/100, EA* – **CLOPIDOGREL + ASPIRIN**, clopidogrel 75 mg + aspirin 100 mg tablet, 30

1269T *Cyproterone AN, EA* – **CYPROTERONE**, cyproterone acetate 50 mg tablet, 20

1270W *Cyproterone AN, EA* – **CYPROTERONE**, cyproterone acetate 50 mg tablet, 50

8019C *Cyproterone AN, EA* – **CYPROTERONE**, cyproterone acetate 100 mg tablet, 50

1299J *Diclofenac Amneal, ED* – **DICLOFENAC**, diclofenac sodium 25 mg enteric tablet, 50

5076E *Diclofenac Amneal, ED* – **DICLOFENAC**, diclofenac sodium 25 mg enteric tablet, 50

1300K *Diclofenac Amneal, ED* – **DICLOFENAC**, diclofenac sodium 50 mg enteric tablet, 50

5077F *Diclofenac Amneal, ED* – **DICLOFENAC**, diclofenac sodium 50 mg enteric tablet, 50

11922L *Donepezil AN, EA* – **DONEPEZIL**, donepezil hydrochloride 5 mg tablet, 28

2532G *Donepezil AN, EA* – **DONEPEZIL**, donepezil hydrochloride 5 mg tablet, 28

8495D *Donepezil AN, EA* – **DONEPEZIL**, donepezil hydrochloride 5 mg tablet, 28

11924N *Donepezil AN, EA* – **DONEPEZIL**, donepezil hydrochloride 10 mg tablet, 28

2479L *Donepezil AN, EA* – **DONEPEZIL**, donepezil hydrochloride 10 mg tablet, 28

8496E *Donepezil AN, EA* – **DONEPEZIL**, donepezil hydrochloride 10 mg tablet, 28

5541P *APO-Dorzolamide, TX* – **DORZOLAMIDE**, dorzolamide 2% eye drops, 5 mL

8488R *APO-Dorzolamide, TX* – **DORZOLAMIDE**, dorzolamide 2% eye drops, 5 mL

5542Q *APO-Dorzolamide/Timolol 20/5, TX* – **DORZOLAMIDE + TIMOLOL**, dorzolamide 2% + timolol 0.5% eye drops, 5 mL

8567X *APO-Dorzolamide/Timolol 20/5, TX* – **DORZOLAMIDE + TIMOLOL**, dorzolamide 2% + timolol 0.5% eye drops, 5 mL

2715X *Doryx, YN* – **DOXYCYCLINE**, doxycycline 100 mg modified release capsule, 21

2711Q *Doxycycline AN, EA* – **DOXYCYCLINE**, doxycycline 50 mg tablet, 25

10176N *Doxycycline AN, EA* – **DOXYCYCLINE**, doxycycline 100 mg tablet, 21

10779H *Doxycycline AN, EA* – **DOXYCYCLINE**, doxycycline 100 mg tablet, 7

2702F *Doxycycline AN, EA* – **DOXYCYCLINE**, doxycycline 100 mg tablet, 7

2709N *Doxycycline AN, EA* – **DOXYCYCLINE**, doxycycline 100 mg tablet, 7

2714W *Doxycycline AN, EA* – **DOXYCYCLINE**, doxycycline 100 mg tablet, 7

3321T *Doxycycline AN, EA* – **DOXYCYCLINE**, doxycycline 100 mg tablet, 7

9155W *Duloxetine AN, EA* – **DULOXETINE**, duloxetine 30 mg enteric capsule, 28

9156X *Duloxetine AN, EA* – **DULOXETINE**, duloxetine 60 mg enteric capsule, 28

1370D *Enalapril Actavis, ED* – **ENALAPRIL**, enalapril maleate 5 mg tablet, 30

1368B *Enalapril Actavis, ED* – **ENALAPRIL**, enalapril maleate 10 mg tablet, 30

1369C *Enalapril Actavis, ED* – **ENALAPRIL**, enalapril maleate 20 mg tablet, 30

8879H *Eplerenone AN, EA* – **EPLERENONE**, eplerenone 25 mg tablet, 30

8880J *Eplerenone AN, EA* – **EPLERENONE**, eplerenone 50 mg tablet, 30

8700X *Escitalopram AN, EA* – **ESCITALOPRAM**, escitalopram 10 mg tablet, 28

8701Y *Escitalopram AN, EA* – **ESCITALOPRAM**, escitalopram 20 mg tablet, 28

10295W *Esomeprazole ACTAVIS, EA* – **ESOMEPRAZOLE**, esomeprazole 20 mg enteric capsule, 30

10343J *Esomeprazole ACTAVIS, EA* – **ESOMEPRAZOLE**, esomeprazole 20 mg enteric capsule, 30

11687D *Esomeprazole ACTAVIS, EA* – **ESOMEPRAZOLE**, esomeprazole 20 mg enteric capsule, 30

12275C *Esomeprazole ACTAVIS, EA* – **ESOMEPRAZOLE**, esomeprazole 20 mg enteric capsule, 30

10330Q *Esomeprazole ACTAVIS, EA* – **ESOMEPRAZOLE**, esomeprazole 40 mg enteric capsule, 30

10331R *Esomeprazole ACTAVIS, EA* – **ESOMEPRAZOLE**, esomeprazole 40 mg enteric capsule, 30

12290W *Esomeprazole ACTAVIS, EA* – **ESOMEPRAZOLE**, esomeprazole 40 mg enteric capsule, 30

8092X *Auro-Famciclovir 125, DO* – **FAMCICLOVIR**, famciclovir 125 mg tablet, 40

8092X *Famciclovir AN, EA* – **FAMCICLOVIR**, famciclovir 125 mg tablet, 40

2274Q *Famciclovir AN, EA* – **FAMCICLOVIR**, famciclovir 250 mg tablet, 20

8002E *Auro-Famciclovir 250, DO* – **FAMCICLOVIR**, famciclovir 250 mg tablet, 21

8002E *Famciclovir AN, EA* – **FAMCICLOVIR**, famciclovir 250 mg tablet, 21

8217L *Auro-Famciclovir 250, DO* – **FAMCICLOVIR**, famciclovir 250 mg tablet, 56

8217L *Famciclovir AN, EA* – **FAMCICLOVIR**, famciclovir 250 mg tablet, 56

8217L *Famciclovir-GA, ED* – **FAMCICLOVIR**, famciclovir 250 mg tablet, 56

8896F *Auro-Famciclovir 500, DO* – **FAMCICLOVIR**, famciclovir 500 mg tablet, 56

8896F *Famciclovir AN, EA* – **FAMCICLOVIR**, famciclovir 500 mg tablet, 56

8897G *Auro-Famciclovir 500, DO* – **FAMCICLOVIR**, famciclovir 500 mg tablet, 30

8897G *Famciclovir AN, EA* – **FAMCICLOVIR**, famciclovir 500 mg tablet, 30

2487X *Famotidine AN, EA* – **FAMOTIDINE**, famotidine 20 mg tablet, 60

2487X *GenRx Famotidine, GX* – **FAMOTIDINE**, famotidine 20 mg tablet, 60

2488Y *Famotidine AN, EA* – **FAMOTIDINE**, famotidine 40 mg tablet, 30

2488Y *GenRx Famotidine, GX* – **FAMOTIDINE**, famotidine 40 mg tablet, 30

5437E *Dutran 12, EA* – **FENTANYL**, fentanyl 12 microgram/hour patch, 5

5438F *Dutran 25, EA* – **FENTANYL**, fentanyl 25 microgram/hour patch, 5

5439G *Dutran 50, EA* – **FENTANYL**, fentanyl 50 microgram/hour patch, 5

5440H *Dutran 75, EA* – **FENTANYL**, fentanyl 75 microgram/hour patch, 5

5441J *Dutran 100, EA* – **FENTANYL**, fentanyl 100 microgram/hour patch, 5

1434L *Fluoxetine AN, EA* – **FLUOXETINE**, fluoxetine 20 mg capsule, 28

1434L *Fluoxetine-GA, ED* – **FLUOXETINE**, fluoxetine 20 mg capsule, 28

8512B *Fluvoxamine AN, ED* – **FLUVOXAMINE**, fluvoxamine maleate 50 mg tablet, 30

8512B *Fluvoxamine GA, EA* – **FLUVOXAMINE**, fluvoxamine maleate 50 mg tablet, 30

8174F *Fluvoxamine AN, ED* – **FLUVOXAMINE**, fluvoxamine maleate 100 mg tablet, 30

8174F *Fluvoxamine GA, EA* – **FLUVOXAMINE**, fluvoxamine maleate 100 mg tablet, 30

8401E *Fosinopril/HCT Actavis 20/12.5, EA* – **FOSINOPRIL + HYDROCHLOROTHIAZIDE**, fosinopril sodium 20 mg + hydrochlorothiazide 12.5 mg tablet, 30

1834M *Gabapentin AN, EA* – **GABAPENTIN**, gabapentin 300 mg capsule, 100

1835N *Gabapentin AN, EA* – **GABAPENTIN**, gabapentin 400 mg capsule, 100

8389M *Gabapentin AN, EA* – **GABAPENTIN**, gabapentin 800 mg tablet, 100

11917F *Galantamine AN SR, EA* – **GALANTAMINE**, galantamine 8 mg modified release capsule, 28

2463P *Galantamine AN SR, EA* – **GALANTAMINE**, galantamine 8 mg modified release capsule, 28

8770N *Galantamine AN SR, EA* – **GALANTAMINE**, galantamine 8 mg modified release capsule, 28

11918G *Galantamine AN SR, EA* – **GALANTAMINE**, galantamine 16 mg modified release capsule, 28

2537M *Galantamine AN SR, EA* – **GALANTAMINE**, galantamine 16 mg modified release capsule, 28

8771P *Galantamine AN SR, EA* – **GALANTAMINE**, galantamine 16 mg modified release capsule, 28

11899G *Galantamine AN SR, EA* – **GALANTAMINE**, galantamine 24 mg modified release capsule, 28

2531F *Galantamine AN SR, EA* – **GALANTAMINE**, galantamine 24 mg modified release capsule, 28

8772Q *Galantamine AN SR, EA* – **GALANTAMINE**, galantamine 24 mg modified release capsule, 28

8450R *Glimepiride AN, EA* – **GLIMEPIRIDE**, glimepiride 1 mg tablet, 30

8451T *Glimepiride AN, EA* – **GLIMEPIRIDE**, glimepiride 2 mg tablet, 30

8533D *Glimepiride AN, EA* – **GLIMEPIRIDE**, glimepiride 3 mg tablet, 30

8452W *Glimepiride AN, EA* – **GLIMEPIRIDE**, glimepiride 4 mg tablet, 30

12003R *Hydroxychloroquine AN, EA* – **HYDROXYCHLOROQUINE**, hydroxychloroquine sulfate 200 mg tablet, 100

1512N *Hydroxychloroquine AN, EA* – **HYDROXYCHLOROQUINE**, hydroxychloroquine sulfate 200 mg tablet, 100

8532C *INDAPAMIDE AN SR, EA* – **INDAPAMIDE**, indapamide hemihydrate 1.5 mg modified release tablet, 90

2436F *Indapamide AN, EA* – **INDAPAMIDE**, indapamide hemihydrate 2.5 mg tablet, 90

8246B *Irbesartan Actavis 75, ED* – **IRBESARTAN**, irbesartan 75 mg tablet, 30

8247C *Irbesartan AMNEAL, EF* – **IRBESARTAN**, irbesartan 150 mg tablet, 30

8247C *Irbesartan AN, EA* – **IRBESARTAN**, irbesartan 150 mg tablet, 30

8247C *Irbesartan Actavis 150, ED* – **IRBESARTAN**, irbesartan 150 mg tablet, 30

8248D *Irbesartan AMNEAL, EF* – **IRBESARTAN**, irbesartan 300 mg tablet, 30

8248D *Irbesartan Actavis 300, ED* – **IRBESARTAN**, irbesartan 300 mg tablet, 30

8404H *Irbesartan HCT Actavis 150/12.5, ED* – **IRBESARTAN + HYDROCHLOROTHIAZIDE**, irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30

8404H *Irbesartan HCTZ AMNEAL, EF* – **IRBESARTAN + HYDROCHLOROTHIAZIDE**, irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30

8405J *Irbesartan HCT Actavis 300/12.5, ED* – **IRBESARTAN + HYDROCHLOROTHIAZIDE**, irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30

8405J *Irbesartan HCTZ AMNEAL, EF* – **IRBESARTAN + HYDROCHLOROTHIAZIDE**, irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30

2136K *Irbesartan HCT Actavis 300/25, ED* – **IRBESARTAN + HYDROCHLOROTHIAZIDE**, irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30

2136K *Irbesartan HCTZ AMNEAL, EF* – **IRBESARTAN + HYDROCHLOROTHIAZIDE**, irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30

2591J *Isotretinoin AN, EA* – **ISOTRETINOIN**, isotretinoin 10 mg capsule, 60

2592K *Isotretinoin AN, EA* – **ISOTRETINOIN**, isotretinoin 20 mg capsule, 60

2848X *Lamotrigine AN, EA* – **LAMOTRIGINE**, lamotrigine 25 mg tablet, 56

2849Y *Lamotrigine AN, EA* – **LAMOTRIGINE**, lamotrigine 50 mg tablet, 56

2850B *Lamotrigine AN, EA* – **LAMOTRIGINE**, lamotrigine 100 mg tablet, 56

2851C *Lamotrigine AN, EA* – **LAMOTRIGINE**, lamotrigine 200 mg tablet, 56

5552F *Latanoprost Actavis, EA* – **LATANOPROST**, latanoprost 0.005% eye drops, 2.5 mL

8243W *Latanoprost Actavis, EA* – **LATANOPROST**, latanoprost 0.005% eye drops, 2.5 mL

8374R *Leflunomide AN, EA* – **LEFLUNOMIDE**, leflunomide 10 mg tablet, 30

8375T *Leflunomide AN, EA* – **LEFLUNOMIDE**, leflunomide 20 mg tablet, 30

8534E *Lercadip, EA* – **LERCANIDIPINE**, lercanidipine hydrochloride 10 mg tablet, 28

8679T *Lercadip, EA* – **LERCANIDIPINE**, lercanidipine hydrochloride 20 mg tablet, 28

8654L *Kerron 250, DO* – **LEVETIRACETAM**, levetiracetam 250 mg tablet, 60

8654L *Levetiracetam AN, EA* – **LEVETIRACETAM**, levetiracetam 250 mg tablet, 60

8655M *Kerron 500, DO* – **LEVETIRACETAM**, levetiracetam 500 mg tablet, 60

8655M *Levetiracetam AN, EA* – **LEVETIRACETAM**, levetiracetam 500 mg tablet, 60

8656N *Kerron 1000, DO* – **LEVETIRACETAM**, levetiracetam 1 g tablet, 60

8656N *Levetiracetam AN, EA* – **LEVETIRACETAM**, levetiracetam 1 g tablet, 60

2456G *Auro-Lisinopril 5, DO* – **LISINOPRIL**, lisinopril 5 mg tablet, 30

2456G *Lisinopril AN, EA* – **LISINOPRIL**, lisinopril 5 mg tablet, 30

2457H *Auro-Lisinopril 10, DO* – **LISINOPRIL**, lisinopril 10 mg tablet, 30

2457H *Lisinopril AN, EA* – **LISINOPRIL**, lisinopril 10 mg tablet, 30

2458J *Auro-Lisinopril 20, DO* – **LISINOPRIL**, lisinopril 20 mg tablet, 30

2458J *Lisinopril AN, EA* – **LISINOPRIL**, lisinopril 20 mg tablet, 30

8612G *LaxaCon, EA* – **MACROGOL-3350 + SODIUM CHLORIDE + BICARBONATE + POTASSIUM CHLORIDE**, macrogol-3350 13.125 g + sodium chloride 350.7 mg + sodium bicarbonate 178.5 mg + potassium chloride 46.6 mg powder for oral liquid, 30 sachets

8561N *Meloxiauro 7.5, DO* – **MELOXICAM**, meloxicam 7.5 mg tablet, 30

8561N *Meloxicam AN, EA* – **MELOXICAM**, meloxicam 7.5 mg tablet, 30

8561N *Meloxicam-GA, ED* – **MELOXICAM**, meloxicam 7.5 mg tablet, 30

8562P *Meloxiauro 15, DO* – **MELOXICAM**, meloxicam 15 mg tablet, 30

8562P *Meloxicam AN, EA* – **MELOXICAM**, meloxicam 15 mg tablet, 30

8562P *Meloxicam-GA, ED* – **MELOXICAM**, meloxicam 15 mg tablet, 30

1207M *Metoclopramide AN, EA* – **METOCLOPRAMIDE**, metoclopramide hydrochloride 10 mg tablet, 25

5151D *Metoclopramide AN, EA* – **METOCLOPRAMIDE**, metoclopramide hydrochloride 10 mg tablet, 25

1324Q *Metoprolol AN, EA* – **METOPROLOL TARTRATE**, METOPROLOL TARTRATE Tablet 50 mg, 100

1325R *Metoprolol AN, EA* – **METOPROLOL TARTRATE**, METOPROLOL TARTRATE Tablet 100 mg, 60

8855C *Milivin OD 15, DO* – **MIRTAZAPINE**, mirtazapine 15 mg orally disintegrating tablet, 30

9365X *Mirtazapine AN, EA* – **MIRTAZAPINE**, mirtazapine 15 mg tablet, 30

8513C *Mirtazapine AN, EA* – **MIRTAZAPINE**, mirtazapine 30 mg tablet, 30

8856D *Milivin OD 30, DO* – **MIRTAZAPINE**, mirtazapine 30 mg orally disintegrating tablet, 30

8857E *Milivin OD 45, DO* – **MIRTAZAPINE**, mirtazapine 45 mg orally disintegrating tablet, 30

8883M *Mirtazapine AN, EA* – **MIRTAZAPINE**, mirtazapine 45 mg tablet, 30

8816B *Modafinil AN, EA* – **MODAFINIL**, modafinil 100 mg tablet, 60

8627C *Auro-Montelukast Tabs 4, DO* – **MONTELUKAST**, montelukast 4 mg chewable tablet, 28

8627C *Montelukast AN, EA* – **MONTELUKAST**, montelukast 4 mg chewable tablet, 28

8628D *Auro-Montelukast Tabs 5, DO* – **MONTELUKAST**, montelukast 5 mg chewable tablet, 28

8628D *Montelukast AN, EA* – **MONTELUKAST**, montelukast 5 mg chewable tablet, 28

1653B *Morphine MR AN, EA* – **MORPHINE**, morphine sulfate pentahydrate 10 mg modified release tablet, 28

1654C *Morphine MR AN, EA* – **MORPHINE**, morphine sulfate pentahydrate 30 mg modified release tablet, 28

1655D *Morphine MR AN, EA* – **MORPHINE**, morphine sulfate pentahydrate 60 mg modified release tablet, 28

1656E *Morphine MR AN, EA* – **MORPHINE**, morphine sulfate pentahydrate 100 mg modified release tablet, 28

8650G *Mycophenolate AN, EA* – **MYCOPHENOLATE**, mycophenolate mofetil 500 mg tablet, 50

8170B *Olanzapine AN, EA* – **OLANZAPINE**, olanzapine 2.5 mg tablet, 28

3381Y *Olanzapine AN ODT, EA* – **OLANZAPINE**, olanzapine 5 mg orally disintegrating tablet, 28

8185T *Olanzapine AN, EA* – **OLANZAPINE**, olanzapine 5 mg tablet, 28

8186W *Olanzapine AN, EA* – **OLANZAPINE**, olanzapine 7.5 mg tablet, 28

3382B *Olanzapine AN ODT, EA* – **OLANZAPINE**, olanzapine 10 mg orally disintegrating tablet, 28

8187X *Olanzapine AN, EA* – **OLANZAPINE**, olanzapine 10 mg tablet, 28

3384D *Olanzapine AN ODT, EA* – **OLANZAPINE**, olanzapine 15 mg orally disintegrating tablet, 28

3385E *Olanzapine AN ODT, EA* – **OLANZAPINE**, olanzapine 20 mg orally disintegrating tablet, 28

2147B *Olmesartan AN, EA* – **OLMESARTAN**, olmesartan medoxomil 20 mg tablet, 30

2148C *Olmesartan AN, EA* – **OLMESARTAN**, olmesartan medoxomil 40 mg tablet, 30

2161R *Olmesartan HCT AN 20/12.5, EA* – **OLMESARTAN MEDOXOMIL + HYDROCHLOROTHIAZIDE**, olmesartan medoxomil 20 mg + hydrochlorothiazide 12.5 mg tablet, 30

2166B *Olmesartan HCT AN 40/12.5, EA* – **OLMESARTAN MEDOXOMIL + HYDROCHLOROTHIAZIDE**, olmesartan medoxomil 40 mg + hydrochlorothiazide 12.5 mg tablet, 30

2170F *Olmesartan HCT AN 40/25, EA* – **OLMESARTAN MEDOXOMIL + HYDROCHLOROTHIAZIDE**, olmesartan medoxomil 40 mg + hydrochlorothiazide 25 mg tablet, 30

11683X *Omeprazole AN, EA* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30

12272X *Omeprazole AN, EA* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30

8331L *Omeprazole AN, EA* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30

8333N *Omeprazole AN, EA* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30

5472B *Zilfojim ODT 4, DO* – **ONDANSETRON**, ondansetron 4 mg orally disintegrating tablet, 10

5473C *Zilfojim ODT 8, DO* – **ONDANSETRON**, ondansetron 8 mg orally disintegrating tablet, 10

8399C *Pantoprazole AN, EA* – **PANTOPRAZOLE**, pantoprazole 20 mg enteric tablet, 30

11681T *Pantoprazole Actavis, ED* – **PANTOPRAZOLE**, pantoprazole 40 mg enteric tablet, 30

12277E *Pantoprazole Actavis, ED* – **PANTOPRAZOLE**, pantoprazole 40 mg enteric tablet, 30

8007K *Pantoprazole Actavis, ED* – **PANTOPRAZOLE**, pantoprazole 40 mg enteric tablet, 30

8008L *Pantoprazole Actavis, ED* – **PANTOPRAZOLE**, pantoprazole 40 mg enteric tablet, 30

2242B *Roxet 20, DO* – **PAROXETINE**, paroxetine 20 mg tablet, 30

3050M *Perindopril AN, EF* – **PERINDOPRIL**, perindopril erbumine 2 mg tablet, 30

3050M *Perindopril Actavis 2, EA* – **PERINDOPRIL**, perindopril erbumine 2 mg tablet, 30

3051N *Perindopril AN, EF* – **PERINDOPRIL**, perindopril erbumine 4 mg tablet, 30

3051N *Perindopril Actavis 4, ED* – **PERINDOPRIL**, perindopril erbumine 4 mg tablet, 30

8704D *Perindopril AN, EF* – **PERINDOPRIL**, perindopril erbumine 8 mg tablet, 30

8704D *Perindopril Actavis 8, ED* – **PERINDOPRIL**, perindopril erbumine 8 mg tablet, 30

8449Q *Perindopril Combi Actavis 4/1.25, ED* – **PERINDOPRIL + INDAPAMIDE**, perindopril erbumine 4 mg + indapamide hemihydrate 1.25 mg tablet, 30

8449Q *Perindopril and Indapamide AN 4/1.25, EF* – **PERINDOPRIL + INDAPAMIDE**, perindopril erbumine 4 mg + indapamide hemihydrate 1.25 mg tablet, 30

8694N *Pioglitazone AN, EA* – **PIOGLITAZONE**, pioglitazone 15 mg tablet, 28

8695P *Pioglitazone AN, EA* – **PIOGLITAZONE**, pioglitazone 30 mg tablet, 28

8696Q *Pioglitazone AN, EA* – **PIOGLITAZONE**, pioglitazone 45 mg tablet, 28

9151P *Pramipexole AN, EA* – **PRAMIPEXOLE**, pramipexole dihydrochloride monohydrate 125 microgram tablet, 30

9152Q *Pramipexole AN, EA* – **PRAMIPEXOLE**, pramipexole dihydrochloride monohydrate 250 microgram tablet, 100

9153R *Pramipexole AN, EA* – **PRAMIPEXOLE**, pramipexole dihydrochloride monohydrate 1 mg tablet, 100

2833D *Pravastatin AN, EA* – **PRAVASTATIN**, pravastatin sodium 10 mg tablet, 30

9237E *Pravastatin AN, EA* – **PRAVASTATIN**, pravastatin sodium 10 mg tablet, 30

2834E *Pravastatin AN, EA* – **PRAVASTATIN**, pravastatin sodium 20 mg tablet, 30

9238F *Pravastatin AN, EA* – **PRAVASTATIN**, pravastatin sodium 20 mg tablet, 30

8197K *Pravastatin AN, EA* – **PRAVASTATIN**, pravastatin sodium 40 mg tablet, 30

9239G *Pravastatin AN, EA* – **PRAVASTATIN**, pravastatin sodium 40 mg tablet, 30

8829Q *Pravastatin AN, EA* – **PRAVASTATIN**, pravastatin sodium 80 mg tablet, 30

9240H *Pravastatin AN, EA* – **PRAVASTATIN**, pravastatin sodium 80 mg tablet, 30

2348N *Pregabalin AMNEAL, EA* – **PREGABALIN**, pregabalin 25 mg capsule, 56

2335X *Pregabalin AMNEAL, EA* – **PREGABALIN**, pregabalin 75 mg capsule, 56

2355Y *Pregabalin AMNEAL, EA* – **PREGABALIN**, pregabalin 150 mg capsule, 56

2363J *Pregabalin AMNEAL, EA* – **PREGABALIN**, pregabalin 300 mg capsule, 56

2893G *Prochlorperazine AN, EA* – **PROCHLORPERAZINE**, prochlorperazine maleate 5 mg tablet, 25

5205Y *Prochlorperazine AN, EA* – **PROCHLORPERAZINE**, prochlorperazine maleate 5 mg tablet, 25

8456C *Quetiapine AN, EA* – **QUETIAPINE**, quetiapine 25 mg tablet, 60

8457D *Quetiapine Actavis 100, ED* – **QUETIAPINE**, quetiapine 100 mg tablet, 90

8458E *Quetiapine AN, EA* – **QUETIAPINE**, quetiapine 200 mg tablet, 60

8458E *Quetiapine Actavis 200, ED* – **QUETIAPINE**, quetiapine 200 mg tablet, 60

8580N *Quetiapine Actavis 300, ED* – **QUETIAPINE**, quetiapine 300 mg tablet, 60

8507R *Rabeprazole AN, EA* – **RABEPRAZOLE**, rabeprazole sodium 10 mg enteric tablet, 28

11670F *Rabeprazole AN, EA* – **RABEPRAZOLE**, rabeprazole sodium 20 mg enteric tablet, 30

12286P *Rabeprazole AN, EA* – **RABEPRAZOLE**, rabeprazole sodium 20 mg enteric tablet, 30

8508T *Rabeprazole AN, EA* – **RABEPRAZOLE**, rabeprazole sodium 20 mg enteric tablet, 30

8509W *Rabeprazole AN, EA* – **RABEPRAZOLE**, rabeprazole sodium 20 mg enteric tablet, 30

8363E *Raloxifene AMNEAL, ED* – **RALOXIFENE**, raloxifene hydrochloride 60 mg tablet, 28

8363E *Raloxifene AN, EA* – **RALOXIFENE**, raloxifene hydrochloride 60 mg tablet, 28

8470T *Ramipril AN, EA* – **RAMIPRIL**, ramipril 10 mg capsule, 30

1945J *Ramipril AN, EA* – **RAMIPRIL**, ramipril 2.5 mg tablet, 30

1946K *Ramipril AN, EA* – **RAMIPRIL**, ramipril 5 mg tablet, 30

1316G *Ramipril AN, EA* – **RAMIPRIL**, ramipril 10 mg tablet, 30

1978D *Ranitidine AN, EA* – **RANITIDINE**, ranitidine 150 mg tablet, 60

8621R *Risedronate AN, EA* – **RISEDRONATE**, risedronate sodium 35 mg tablet, 4

11869Q *Risperidone AMNEAL, EF* – **RISPERIDONE**, risperidone 500 microgram tablet, 60

11881H *Risperidone AMNEAL, EF* – **RISPERIDONE**, risperidone 500 microgram tablet, 60

8787L *Risperidone AMNEAL, EF* – **RISPERIDONE**, risperidone 500 microgram tablet, 60

8869T *Risperidone AMNEAL, EF* – **RISPERIDONE**, risperidone 500 microgram tablet, 60

11877D *Risperidone AMNEAL, EF* – **RISPERIDONE**, risperidone 1 mg tablet, 60

11879F *Risperidone AMNEAL, EF* – **RISPERIDONE**, risperidone 1 mg tablet, 60

3169T *Risperidone AMNEAL, EF* – **RISPERIDONE**, risperidone 1 mg tablet, 60

8789N *Risperidone AMNEAL, EF* – **RISPERIDONE**, risperidone 1 mg tablet, 60

3170W *Risperidone AMNEAL, EF* – **RISPERIDONE**, risperidone 2 mg tablet, 60

9079W *Risperidone AMNEAL, EF* – **RISPERIDONE**, risperidone 2 mg tablet, 60

3171X *Risperidone AMNEAL, EF* – **RISPERIDONE**, risperidone 3 mg tablet, 60

3172Y *Risperidone AMNEAL, EF* – **RISPERIDONE**, risperidone 4 mg tablet, 60

2590H *Rostor 5, DO* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30

2590H *Rosuvastatin AMNEAL, EF* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30

2606E *Rostor 5, DO* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30

2606E *Rosuvastatin AMNEAL, EF* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30

2584B *Rostor 10, DO* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30

2584B *Rosuvastatin AMNEAL, EF* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30

2628H *Rostor 10, DO* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30

2628H *Rosuvastatin AMNEAL, EF* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30

2574L *Rostor 20, DO* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30

2574L *Rosuvastatin AMNEAL, EF* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30

2609H *Rostor 20, DO* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30

2609H *Rosuvastatin AMNEAL, EF* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30

2594M *Rostor 40, DO* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30

2594M *Rosuvastatin AMNEAL, EF* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30

2636R *Rostor 40, DO* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30

2636R *Rosuvastatin AMNEAL, EF* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30

12001P *Roxithromycin AN, EA* – **ROXITHROMYCIN**, roxithromycin 150 mg tablet, 10

12001P *Roxithromycin-GA, ED* – **ROXITHROMYCIN**, roxithromycin 150 mg tablet, 10

1760P *Roxithromycin AN, EA* – **ROXITHROMYCIN**, roxithromycin 150 mg tablet, 10

1760P *Roxithromycin-GA, ED* – **ROXITHROMYCIN**, roxithromycin 150 mg tablet, 10

5260W *Roxithromycin AN, EA* – **ROXITHROMYCIN**, roxithromycin 150 mg tablet, 10

5260W *Roxithromycin-GA, ED* – **ROXITHROMYCIN**, roxithromycin 150 mg tablet, 10

11993F *Roxithromycin AN, EA* – **ROXITHROMYCIN**, roxithromycin 300 mg tablet, 5

11993F *Roxithromycin-GA, ED* – **ROXITHROMYCIN**, roxithromycin 300 mg tablet, 5

5261X *Roxithromycin AN, EA* – **ROXITHROMYCIN**, roxithromycin 300 mg tablet, 5

5261X *Roxithromycin-GA, ED* – **ROXITHROMYCIN**, roxithromycin 300 mg tablet, 5

8016X *Roxithromycin AN, EA* – **ROXITHROMYCIN**, roxithromycin 300 mg tablet, 5

8016X *Roxithromycin-GA, ED* – **ROXITHROMYCIN**, roxithromycin 300 mg tablet, 5

8288F *Ventolin CFC-free, GK* – **SALBUTAMOL**, salbutamol 100 microgram/actuation inhalation, 200 actuations

2000G *APO-Salbutamol, TX* – **SALBUTAMOL**, salbutamol 2.5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

2000G *Salbutamol AN, ED* – **SALBUTAMOL**, salbutamol 2.5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

2000G *Salbutamol Actavis, EA* – **SALBUTAMOL**, salbutamol 2.5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

2001H *Salbutamol Actavis, EA* – **SALBUTAMOL**, salbutamol 5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

2236Q *Auro-Sertraline 50, DO* – **SERTRALINE**, sertraline 50 mg tablet, 30

8836C *Auro-Sertraline 50, DO* – **SERTRALINE**, sertraline 50 mg tablet, 30

2237R *Auro-Sertraline 100, DO* – **SERTRALINE**, sertraline 100 mg tablet, 30

8837D *Auro-Sertraline 100, DO* – **SERTRALINE**, sertraline 100 mg tablet, 30

2011W *Simvastatin AN, EA* – **SIMVASTATIN**, simvastatin 10 mg tablet, 30

9242K *Simvastatin AN, EA* – **SIMVASTATIN**, simvastatin 10 mg tablet, 30

2012X *Simvastatin AN, EA* – **SIMVASTATIN**, simvastatin 20 mg tablet, 30

9243L *Simvastatin AN, EA* – **SIMVASTATIN**, simvastatin 20 mg tablet, 30

8173E *Simvastatin AN, EA* – **SIMVASTATIN**, simvastatin 40 mg tablet, 30

9244M *Simvastatin AN, EA* – **SIMVASTATIN**, simvastatin 40 mg tablet, 30

8313M *Simvastatin AN, EA* – **SIMVASTATIN**, simvastatin 80 mg tablet, 30

9245N *Simvastatin AN, EA* – **SIMVASTATIN**, simvastatin 80 mg tablet, 30

1849H *Sumatriptan AN, EA* – **SUMATRIPTAN**, sumatriptan 50 mg tablet, 4

8355R *Telmisartan AN, EA* – **TELMISARTAN**, telmisartan 40 mg tablet, 28

8356T *Telmisartan AN, EA* – **TELMISARTAN**, telmisartan 80 mg tablet, 28

8622T *Telmisartan HCTZ AN 40/12.5, EA* – **TELMISARTAN + HYDROCHLOROTHIAZIDE**, telmisartan 40 mg + hydrochlorothiazide 12.5 mg tablet, 28

8623W *Telmisartan HCTZ AN 80/12.5, EA* – **TELMISARTAN + HYDROCHLOROTHIAZIDE**, telmisartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28

9381R *Telmisartan HCTZ AN 80/25, EA* – **TELMISARTAN + HYDROCHLOROTHIAZIDE**, telmisartan 80 mg + hydrochlorothiazide 25 mg tablet, 28

2285G *Terbinafine AN, EA* – **TERBINAFINE**, terbinafine 250 mg tablet, 42

2804N *Terbinafine AN, EA* – **TERBINAFINE**, terbinafine 250 mg tablet, 42

8163P *Topiramate AN, EA* – **TOPIRAMATE**, topiramate 25 mg tablet, 60

8164Q *Topiramate AN, EA* – **TOPIRAMATE**, topiramate 50 mg tablet, 60

8165R *Topiramate AN, EA* – **TOPIRAMATE**, topiramate 100 mg tablet, 60

8166T *Topiramate AN, EA* – **TOPIRAMATE**, topiramate 200 mg tablet, 60

12008B *Tramadol AMNEAL, EF* – **TRAMADOL**, tramadol hydrochloride 50 mg capsule, 20

12008B *Tramadol AN, EA* – **TRAMADOL**, tramadol hydrochloride 50 mg capsule, 20

12024W *Tramadol AMNEAL, EF* – **TRAMADOL**, tramadol hydrochloride 50 mg capsule, 20

12024W *Tramadol AN, EA* – **TRAMADOL**, tramadol hydrochloride 50 mg capsule, 20

5232J *Tramadol AMNEAL, EF* – **TRAMADOL**, tramadol hydrochloride 50 mg capsule, 20

5232J *Tramadol AN, EA* – **TRAMADOL**, tramadol hydrochloride 50 mg capsule, 20

8455B *Tramadol AMNEAL, EF* – **TRAMADOL**, tramadol hydrochloride 50 mg capsule, 20

8455B *Tramadol AN, EA* – **TRAMADOL**, tramadol hydrochloride 50 mg capsule, 20

8523N *Tramadol AN SR, EA* – **TRAMADOL**, tramadol hydrochloride 100 mg modified release tablet, 20

8524P *Tramadol AN SR, EA* – **TRAMADOL**, tramadol hydrochloride 150 mg modified release tablet, 20

8525Q *Tramadol AN SR, EA* – **TRAMADOL**, tramadol hydrochloride 200 mg modified release tablet, 20

5480K *Valaciclovir AN, EA* – **VALACICLOVIR**, valaciclovir 500 mg tablet, 30

8064K *Valaciclovir AN, EA* – **VALACICLOVIR**, valaciclovir 500 mg tablet, 42

8133C *Valaciclovir AN, EA* – **VALACICLOVIR**, valaciclovir 500 mg tablet, 10

8134D *Valaciclovir AN, EA* – **VALACICLOVIR**, valaciclovir 500 mg tablet, 30

8868R *Venlafaxine AN SR, EA* – **VENLAFAXINE**, venlafaxine 37.5 mg modified release capsule, 28

8301X *Venlafaxine AN SR, EA* – **VENLAFAXINE**, venlafaxine 75 mg modified release capsule, 28

8302Y *Venlafaxine AN SR, EA* – **VENLAFAXINE**, venlafaxine 150 mg modified release capsule, 28

Deletion – Equivalence Indicator

8114C *Dostinex, PF* – **CABERGOLINE**, cabergoline 500 microgram tablet, 8

8115D *Dostinex, PF* – **CABERGOLINE**, cabergoline 500 microgram tablet, 2

2487X *Ausfam 20, RW* – **FAMOTIDINE**, famotidine 20 mg tablet, 60

2488Y *Ausfam 40, RW* – **FAMOTIDINE**, famotidine 40 mg tablet, 30

2421K *Tofranil 25, GH* – **IMIPRAMINE**, imipramine hydrochloride 25 mg tablet, 50

Deletion – Note

3062E **PINDOLOL**, pindolol 5 mg tablet, 100 *(Barbloc 5)*

Deletion – Restriction

3062E **PINDOLOL**, pindolol 5 mg tablet, 100 *(Barbloc 5)*

Alterations

Alteration – Note

10865W **FOLLITROPIN ALFA**, follitropin alfa 75 units (5.5 microgram)/0.125 mL injection, 5 x 0.125 mL pen devices *(Bemfola)*

10877L **FOLLITROPIN ALFA**, follitropin alfa 150 units (11 microgram)/0.25 mL injection, 5 x 0.25 mL pen devices *(Bemfola)*

10876K **FOLLITROPIN ALFA**, follitropin alfa 225 units (16.5 microgram)/0.375 mL injection, 5 x 0.375 mL pen devices *(Bemfola)*

8713N **FOLLITROPIN ALFA**, follitropin alfa 300 units (21.84 microgram)/0.5 mL injection, 0.5 mL pen device *(Gonal-f Pen)*

8714P **FOLLITROPIN ALFA**, follitropin alfa 450 units (32.76 microgram)/0.75 mL injection, 0.75 mL pen device *(Gonal-f Pen)*

8715Q **FOLLITROPIN ALFA**, follitropin alfa 900 units (65.52 microgram)/1.5 mL injection, 1.5 mL pen device *(Gonal-f Pen)*

12080T **SEMAGLUTIDE**, semaglutide 1.34 mg/mL injection, 1 x 1.5 mL pen device *(Ozempic)*

12075M **SEMAGLUTIDE**, semaglutide 1.34 mg/mL injection, 1 x 3 mL pen device *(Ozempic)*

Alteration – Restriction

1954W **ETANERCEPT**, etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack *(Enbrel)*

1964J **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL pen devices *(Enbrel)*

1963H **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes *(Enbrel)*

12703N **GOLIMUMAB**, golimumab 50 mg/0.5 mL injection, 0.5 mL syringe *(Simponi)*

12744R **GOLIMUMAB**, golimumab 50 mg/0.5 mL injection, 0.5 mL pen device *(Simponi)*

Alteration – Manufacturer Code

		From	*To*
1081X	*Tenormin* – **ATENOLOL**, atenolol 50 mg tablet, 30	AP	IX
1561E	*Anafranil 25* – **CLOMIPRAMINE**, clomipramine hydrochloride 25 mg tablet, 50	SZ	PB
2456G	*Zestril* – **LISINOPRIL**, lisinopril 5 mg tablet, 30	AP	IX
2457H	*Zestril* – **LISINOPRIL**, lisinopril 10 mg tablet, 30	AP	IX
2458J	*Zestril* – **LISINOPRIL**, lisinopril 20 mg tablet, 30	AP	IX

8332M	*Losec Tablets* – **OMEPRAZOLE**, omeprazole 10 mg enteric tablet, 30	AP	PB
11677N	*Losec Tablets* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30	AP	PB
11677N	*Omepral* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30	ZA	FQ
12270T	*Losec Tablets* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30	AP	PB
12270T	*Omepral* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30	ZA	FQ
9109K	*Losec Tablets* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30	AP	PB
9109K	*Omepral* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30	ZA	FQ
9110L	*Losec Tablets* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30	AP	PB
9110L	*Omepral* – **OMEPRAZOLE**, omeprazole 20 mg enteric tablet, 30	ZA	FQ
2565B	*Inderal* – **PROPRANOLOL**, propranolol hydrochloride 10 mg tablet, 100	AP	IX
2566C	*Inderal* – **PROPRANOLOL**, propranolol hydrochloride 40 mg tablet, 100	AP	IX

Alteration – Maximum Quantity

		From	*To*
11890T	**LEVODOPA + CARBIDOPA**, levodopa 200 mg + carbidopa 50 mg modified release tablet, 60 *(Sinemet CR Prolonged-Release Tablets)*	1.7	1.67
12239E	**PHENELZINE**, phenelzine 15 mg tablet, 60 *(Phenelzine sulfate USP (Generic Health))*	1.7	1.67

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2129C	**DESMOPRESSIN**, desmopressin acetate 100 microgram/mL nasal drops, 2.5 mL *(Minirin)*
2115H	**TESTOSTERONE UNDECANOATE**, testosterone undecanoate 40 mg capsule, 60 *(Andriol Testocaps)*

Advance Notices

1 January 2022

Deletion – Brand

9092M	*ATOMERRA, RW* – **ATOMOXETINE**, atomoxetine 10 mg capsule, 28
9093N	*ATOMERRA, RW* – **ATOMOXETINE**, atomoxetine 18 mg capsule, 28
9094P	*ATOMERRA, RW* – **ATOMOXETINE**, atomoxetine 25 mg capsule, 28
9095Q	*ATOMERRA, RW* – **ATOMOXETINE**, atomoxetine 40 mg capsule, 28
9096R	*ATOMERRA, RW* – **ATOMOXETINE**, atomoxetine 60 mg capsule, 28
9289X	*ATOMERRA, RW* – **ATOMOXETINE**, atomoxetine 80 mg capsule, 28
9290Y	*ATOMERRA, RW* – **ATOMOXETINE**, atomoxetine 100 mg capsule, 28
1169M	*Cefaclor GH, GQ* – **CEFACLOR**, cefaclor 375 mg modified release tablet, 10
5045M	*Cefaclor GH, GQ* – **CEFACLOR**, cefaclor 375 mg modified release tablet, 10
2834E	*Pravastatin generichealth, GQ* – **PRAVASTATIN**, pravastatin sodium 20 mg tablet, 30
9238F	*Pravastatin generichealth, GQ* – **PRAVASTATIN**, pravastatin sodium 20 mg tablet, 30
8456C	*Quetiapine GH 25, GQ* – **QUETIAPINE**, quetiapine 25 mg tablet, 60
8457D	*Quetiapine GH 100, GQ* – **QUETIAPINE**, quetiapine 100 mg tablet, 90
8580N	*Quetiapine GH 300, GQ* – **QUETIAPINE**, quetiapine 300 mg tablet, 60
1968N	*Acquin Aspen 5, RW* – **QUINAPRIL**, quinapril 5 mg tablet, 30
1969P	*Acquin Aspen 10, RW* – **QUINAPRIL**, quinapril 10 mg tablet, 30
1970Q	*Acquin Aspen 20, RW* – **QUINAPRIL**, quinapril 20 mg tablet, 30
2574L	*Rosuvastatin generichealth, HQ* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30
2584B	*Rosuvastatin generichealth, HQ* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30

2590H *Rosuvastatin generichealth, HQ* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30

2594M *Rosuvastatin generichealth, HQ* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30

2606E *Rosuvastatin generichealth, HQ* – **ROSUVASTATIN**, rosuvastatin 5 mg tablet, 30

2609H *Rosuvastatin generichealth, HQ* – **ROSUVASTATIN**, rosuvastatin 20 mg tablet, 30

2628H *Rosuvastatin generichealth, HQ* – **ROSUVASTATIN**, rosuvastatin 10 mg tablet, 30

2636R *Rosuvastatin generichealth, HQ* – **ROSUVASTATIN**, rosuvastatin 40 mg tablet, 30

9411H *Forteo, LY* – **TERIPARATIDE**, teriparatide 250 microgram/mL injection, 2.4 mL pen device

1 April 2022
Deletion – Brand
8748K *Edecrin, FK* – **ETACRYNIC ACID**, etacrynic acid 25 mg tablet, 100

Palliative Care

Additions

Addition – Brand
12565H *Hikma, LM* – **HYDROMORPHONE**, hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

Addition – Equivalence Indicator
12565H *Hydromorphone hydrochloride oral solution, USP (Medsurge), DZ* – **HYDROMORPHONE**, hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

Deletions

Deletion – Brand
12530L *Dutran 12, EA* – **FENTANYL**, fentanyl 12 microgram/hour patch, 5

12521B *Dutran 25, EA* – **FENTANYL**, fentanyl 25 microgram/hour patch, 5

12513N *Dutran 50, EA* – **FENTANYL**, fentanyl 50 microgram/hour patch, 5

12517T *Dutran 75, EA* – **FENTANYL**, fentanyl 75 microgram/hour patch, 5

12480W *Dutran 100, EA* – **FENTANYL**, fentanyl 100 microgram/hour patch, 5

5389P *LaxaCon, EA* – **MACROGOL-3350 + SODIUM CHLORIDE + BICARBONATE + POTASSIUM CHLORIDE**, macrogol-3350 13.125 g + sodium chloride 350.7 mg + sodium bicarbonate 178.5 mg + potassium chloride 46.6 mg powder for oral liquid, 30 sachets

12507G *Metoclopramide AN, EA* – **METOCLOPRAMIDE**, metoclopramide hydrochloride 10 mg tablet, 25

12547J *Morphine MR AN, EA* – **MORPHINE**, morphine sulfate pentahydrate 10 mg modified release tablet, 28

12500X *Morphine MR AN, EA* – **MORPHINE**, morphine sulfate pentahydrate 30 mg modified release tablet, 28

12544F *Morphine MR AN, EA* – **MORPHINE**, morphine sulfate pentahydrate 60 mg modified release tablet, 28

12483B *Morphine MR AN, EA* – **MORPHINE**, morphine sulfate pentahydrate 100 mg modified release tablet, 28

Highly Specialised Drugs Program (Private Hospital)

Additions

Addition – Item
12784W **AZACITIDINE**, azacitidine 100 mg injection, 1 vial *(AZACITIDINE DR.REDDY'S, Azacitidine Accord, Azacitidine Juno, Azacitidine-Teva, Azadine, Celazadine)*

12809E **RIBAVIRIN**, ribavirin 200 mg tablet, 100 *(Ibavyr)*

12787B **TOCILIZUMAB**, tocilizumab 80 mg/4 mL injection, 4 mL vial *(Actemra)*

12811G **TOCILIZUMAB**, tocilizumab 80 mg/4 mL injection, 4 mL vial *(Actemra)*

12766X **TOCILIZUMAB**, tocilizumab 200 mg/10 mL injection, 10 mL vial *(Actemra)*

12795K **TOCILIZUMAB**, tocilizumab 200 mg/10 mL injection, 10 mL vial *(Actemra)*

12805Y **TOCILIZUMAB**, tocilizumab 400 mg/20 mL injection, 20 mL vial *(Actemra)*

12810F **TOCILIZUMAB**, tocilizumab 400 mg/20 mL injection, 20 mL vial *(Actemra)*

Addition – Brand
6352H *APO-Ciclosporin, TX* – **CICLOSPORIN**, ciclosporin 25 mg capsule, 30

6353J *APO-Ciclosporin, TX* – **CICLOSPORIN**, ciclosporin 50 mg capsule, 30

6354K *APO-Ciclosporin, TX* – **CICLOSPORIN**, ciclosporin 100 mg capsule, 30

11545P *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 90 mg tablet, 30

11548T *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 90 mg tablet, 30

11558H *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 90 mg tablet, 30

11510T *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 180 mg tablet, 30

11546Q *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 180 mg tablet, 30

11557G *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 180 mg tablet, 30

11496C *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 360 mg tablet, 30

11511W *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 360 mg tablet, 30

11547R *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 360 mg tablet, 30

Addition – Equivalence Indicator

12686Q *Humira, VE* – **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12674C *Amgevita, AN* – **ADALIMUMAB**, adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12732D *Humira, VE* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12749B *Humira, VE* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

Deletions

Deletion – Brand

6209T *Mycophenolate AN, EA* – **MYCOPHENOLATE**, mycophenolate mofetil 500 mg tablet, 50

Deletion – Note

12139X **BOSENTAN**, bosentan 62.5 mg tablet, 60 *(BOSENTAN DR.REDDY'S, BOSLEER, Bosentan APO, Bosentan Cipla, Bosentan Mylan, Bosentan RBX, Bosentan Sandoz, Tracleer)*

Deletion – Restriction

12139X **BOSENTAN**, bosentan 62.5 mg tablet, 60 *(BOSENTAN DR.REDDY'S, BOSLEER, Bosentan APO, Bosentan Cipla, Bosentan Mylan, Bosentan RBX, Bosentan Sandoz, Tracleer)*

Alterations

Alteration – Restriction

12201E **AMBRISENTAN**, ambrisentan 5 mg tablet, 30 *(Ambrisentan Mylan, Cipla Ambrisentan, PULMORIS, Volibris)*

9648T **AMBRISENTAN**, ambrisentan 5 mg tablet, 30 *(Ambrisentan Mylan, Cipla Ambrisentan, PULMORIS, Volibris)*

12180C **AMBRISENTAN**, ambrisentan 10 mg tablet, 30 *(Ambrisentan Mylan, Cipla Ambrisentan, PULMORIS, Volibris)*

9649W **AMBRISENTAN**, ambrisentan 10 mg tablet, 30 *(Ambrisentan Mylan, Cipla Ambrisentan, PULMORIS, Volibris)*

12143D **BOSENTAN**, bosentan 62.5 mg tablet, 60 *(BOSENTAN DR.REDDY'S, BOSLEER, Bosentan APO, Bosentan Cipla, Bosentan Mylan, Bosentan RBX, Bosentan Sandoz, Tracleer)*

12148J **BOSENTAN**, bosentan 62.5 mg tablet, 60 *(BOSENTAN DR.REDDY'S, BOSLEER, Bosentan APO, Bosentan Cipla, Bosentan Mylan, Bosentan RBX, Bosentan Sandoz, Tracleer)*

6429J **BOSENTAN**, bosentan 62.5 mg tablet, 60 *(BOSENTAN DR.REDDY'S, BOSLEER, Bosentan APO, Bosentan Cipla, Bosentan Mylan, Bosentan RBX, Bosentan Sandoz, Tracleer)*

12146G **BOSENTAN**, bosentan 125 mg tablet, 60 *(BOSENTAN DR.REDDY'S, BOSLEER, Bosentan APO, Bosentan Cipla, Bosentan GH, Bosentan Mylan, Bosentan RBX, Bosentan Sandoz, Tracleer)*

6430K **BOSENTAN**, bosentan 125 mg tablet, 60 *(BOSENTAN DR.REDDY'S, BOSLEER, Bosentan APO, Bosentan Cipla, Bosentan GH, Bosentan Mylan, Bosentan RBX, Bosentan Sandoz, Tracleer)*

10111E **EPOPROSTENOL**, epoprostenol 500 microgram injection, 1 vial *(EPOPROSTENOL SUN, Veletri)*

11069N **EPOPROSTENOL**, epoprostenol 500 microgram injection [1 vial] (&) inert substance diluent [2 x 50 mL vials], 1 pack *(Flolan)*

10129D **EPOPROSTENOL**, epoprostenol 1.5 mg injection, 1 vial *(EPOPROSTENOL SUN, Veletri)*

11082G **EPOPROSTENOL**, epoprostenol 1.5 mg injection [1 vial] (&) inert substance diluent [2 x 50 mL vials], 1 pack *(Flolan)*

12734F **ETANERCEPT**, etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack *(Enbrel)*

12736H **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL pen devices *(Enbrel)*

12757K **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes *(Enbrel)*

10134J **MACITENTAN**, macitentan 10 mg tablet, 30 *(Opsumit)*

12135Q **MACITENTAN**, macitentan 10 mg tablet, 30 *(Opsumit)*

12138W **SILDENAFIL**, sildenafil 20 mg tablet, 90 *(APO-Sildenafil PHT, Revatio, SILDATIO PHT, Sildenafil AN PHT 20, Sildenafil PHT APOTEX, Sildenafil Sandoz PHT 20)*

9605M **SILDENAFIL**, sildenafil 20 mg tablet, 90 *(APO-Sildenafil PHT, Revatio, SILDATIO PHT, Sildenafil AN PHT 20, Sildenafil PHT APOTEX, Sildenafil Sandoz PHT 20)*

12150L **TADALAFIL**, tadalafil 20 mg tablet, 56 *(Adcirca, TADALIS 20, Tadalca)*

1304P **TADALAFIL**, tadalafil 20 mg tablet, 56 *(Adcirca, TADALIS 20, Tadalca)*

Alteration – Maximum Quantity

		From	*To*
12162D	**METHOXSALEN**, methoxsalen 200 microgram/10 mL injection, 12 x 10 mL vials *(Uvadex)*	0.2	0.17
12173Q	**METHOXSALEN**, methoxsalen 200 microgram/10 mL injection, 12 x 10 mL vials *(Uvadex)*	0.1	0.08
12727W	**TOCILIZUMAB**, tocilizumab 80 mg/4 mL injection, 4 x 4 mL vials *(RoActemra)*	0.2	0.25
12747X	**TOCILIZUMAB**, tocilizumab 200 mg/10 mL injection, 4 x 10 mL vials *(RoActemra)*	0.2	0.25
12705Q	**TOCILIZUMAB**, tocilizumab 400 mg/20 mL injection, 4 x 20 mL vials *(RoActemra)*	0.2	0.25

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11504L **BENRALIZUMAB**, benralizumab 30 mg/mL injection, 1 mL syringe *(Fasenra)*

11523L **BENRALIZUMAB**, benralizumab 30 mg/mL injection, 1 mL syringe *(Fasenra)*

11847M **BENRALIZUMAB**, benralizumab 30 mg/mL injection, 1 mL syringe *(Fasenra)*

Highly Specialised Drugs Program (Public Hospital)

Additions

Addition – Item

12771E **AZACITIDINE**, azacitidine 100 mg injection, 1 vial *(AZACITIDINE DR.REDDY'S, Azacitidine Accord, Azacitidine Juno, Azacitidine-Teva, Azadine, Celazadine)*

12786Y **RIBAVIRIN**, ribavirin 200 mg tablet, 100 *(Ibavyr)*

12775J **TOCILIZUMAB**, tocilizumab 80 mg/4 mL injection, 4 mL vial *(Actemra)*

12794J **TOCILIZUMAB**, tocilizumab 80 mg/4 mL injection, 4 mL vial *(Actemra)*

12791F **TOCILIZUMAB**, tocilizumab 200 mg/10 mL injection, 10 mL vial *(Actemra)*

12796L **TOCILIZUMAB**, tocilizumab 200 mg/10 mL injection, 10 mL vial *(Actemra)*

12763R **TOCILIZUMAB**, tocilizumab 400 mg/20 mL injection, 20 mL vial *(Actemra)*

12802T **TOCILIZUMAB**, tocilizumab 400 mg/20 mL injection, 20 mL vial *(Actemra)*

Addition – Brand

5634M *APO-Ciclosporin, TX* – **CICLOSPORIN**, ciclosporin 25 mg capsule, 30

5635N *APO-Ciclosporin, TX* – **CICLOSPORIN**, ciclosporin 50 mg capsule, 30

5636P *APO-Ciclosporin, TX* – **CICLOSPORIN**, ciclosporin 100 mg capsule, 30

11499F *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 90 mg tablet, 30

11519G *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 90 mg tablet, 30

11534C *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 90 mg tablet, 30

11500G *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 180 mg tablet, 30

11535D *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 180 mg tablet, 30

11556F *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 180 mg tablet, 30

11533B *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 360 mg tablet, 30

11536E *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 360 mg tablet, 30

11555E *DEFERASIROX-TEVA, TB* – **DEFERASIROX**, deferasirox 360 mg tablet, 30

Addition – Equivalence Indicator

12699J *Humira, VE* – **ADALIMUMAB**, adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12695E *Amgevita, AN* – **ADALIMUMAB**, adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12696F *Humira, VE* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12697G *Humira, VE* – **ADALIMUMAB**, adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

Deletions

Deletion – Brand

9502D *Mycophenolate AN, EA* – **MYCOPHENOLATE**, mycophenolate mofetil 500 mg tablet, 50

Deletion – Note

12134P **BOSENTAN**, bosentan 62.5 mg tablet, 60 *(BOSENTAN DR.REDDY'S, BOSLEER, Bosentan APO, Bosentan Cipla, Bosentan Mylan, Bosentan RBX, Bosentan Sandoz, Tracleer)*

Deletion – Restriction

12134P **BOSENTAN**, bosentan 62.5 mg tablet, 60 *(BOSENTAN DR.REDDY'S, BOSLEER, Bosentan APO, Bosentan Cipla, Bosentan Mylan, Bosentan RBX, Bosentan Sandoz, Tracleer)*

Alterations

Alteration – Restriction

12212R **AMBRISENTAN**, ambrisentan 5 mg tablet, 30 *(Ambrisentan Mylan, Cipla Ambrisentan, PULMORIS, Volibris)*

5607D **AMBRISENTAN**, ambrisentan 5 mg tablet, 30 *(Ambrisentan Mylan, Cipla Ambrisentan, PULMORIS, Volibris)*

12186J **AMBRISENTAN**, ambrisentan 10 mg tablet, 30 *(Ambrisentan Mylan, Cipla Ambrisentan, PULMORIS, Volibris)*

5608E **AMBRISENTAN**, ambrisentan 10 mg tablet, 30 *(Ambrisentan Mylan, Cipla Ambrisentan, PULMORIS, Volibris)*

12140Y **BOSENTAN**, bosentan 62.5 mg tablet, 60 *(BOSENTAN DR.REDDY'S, BOSLEER, Bosentan APO, Bosentan Cipla, Bosentan Mylan, Bosentan RBX, Bosentan Sandoz, Tracleer)*

12145F **BOSENTAN**, bosentan 62.5 mg tablet, 60 *(BOSENTAN DR.REDDY'S, BOSLEER, Bosentan APO, Bosentan Cipla, Bosentan Mylan, Bosentan RBX, Bosentan Sandoz, Tracleer)*

5618Q **BOSENTAN**, bosentan 62.5 mg tablet, 60 *(BOSENTAN DR.REDDY'S, BOSLEER, Bosentan APO, Bosentan Cipla, Bosentan Mylan, Bosentan RBX, Bosentan Sandoz, Tracleer)*

12149K **BOSENTAN**, bosentan 125 mg tablet, 60 *(BOSENTAN DR.REDDY'S, BOSLEER, Bosentan APO, Bosentan Cipla, Bosentan GH, Bosentan Mylan, Bosentan RBX, Bosentan Sandoz, Tracleer)*

5619R **BOSENTAN**, bosentan 125 mg tablet, 60 *(BOSENTAN DR.REDDY'S, BOSLEER, Bosentan APO, Bosentan Cipla, Bosentan GH, Bosentan Mylan, Bosentan RBX, Bosentan Sandoz, Tracleer)*

10130E **EPOPROSTENOL**, epoprostenol 500 microgram injection, 1 vial *(EPOPROSTENOL SUN, Veletri)*

11090Q **EPOPROSTENOL**, epoprostenol 500 microgram injection [1 vial] (&) inert substance diluent [2 x 50 mL vials], 1 pack *(Flolan)*

10117L **EPOPROSTENOL**, epoprostenol 1.5 mg injection, 1 vial *(EPOPROSTENOL SUN, Veletri)*

11065J **EPOPROSTENOL**, epoprostenol 1.5 mg injection [1 vial] (&) inert substance diluent [2 x 50 mL vials], 1 pack *(Flolan)*

12740M **ETANERCEPT**, etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack *(Enbrel)*

12735G **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL pen devices *(Enbrel)*

12675D **ETANERCEPT**, etanercept 50 mg/mL injection, 4 x 1 mL syringes *(Enbrel)*

10136L **MACITENTAN**, macitentan 10 mg tablet, 30 *(Opsumit)*

12147H **MACITENTAN**, macitentan 10 mg tablet, 30 *(Opsumit)*

12144E **SILDENAFIL**, sildenafil 20 mg tablet, 90 *(APO-Sildenafil PHT, Revatio, SILDATIO PHT, Sildenafil AN PHT 20, Sildenafil PHT APOTEX, Sildenafil Sandoz PHT 20)*

9547L **SILDENAFIL**, sildenafil 20 mg tablet, 90 *(APO-Sildenafil PHT, Revatio, SILDATIO PHT, Sildenafil AN PHT 20, Sildenafil PHT APOTEX, Sildenafil Sandoz PHT 20)*

12151M **TADALAFIL**, tadalafil 20 mg tablet, 56 *(Adcirca, TADALIS 20, Tadalca)*

1308W **TADALAFIL**, tadalafil 20 mg tablet, 56 *(Adcirca, TADALIS 20, Tadalca)*

Alteration – Maximum Quantity

		From	*To*
12154Q	**METHOXSALEN**, methoxsalen 200 microgram/10 mL injection, 12 x 10 mL vials *(Uvadex)*	0.1	0.08
12156T	**METHOXSALEN**, methoxsalen 200 microgram/10 mL injection, 12 x 10 mL vials *(Uvadex)*	0.2	0.17
12714E	**TOCILIZUMAB**, tocilizumab 80 mg/4 mL injection, 4 x 4 mL vials *(RoActemra)*	0.2	0.25
12692B	**TOCILIZUMAB**, tocilizumab 200 mg/10 mL injection, 4 x 10 mL vials *(RoActemra)*	0.2	0.25
12707T	**TOCILIZUMAB**, tocilizumab 400 mg/20 mL injection, 4 x 20 mL vials *(RoActemra)*	0.2	0.25

Supply Only

From 1 November 2020 when a product is deleted from the Schedule it may now be available under new Supply Only rules. Supply Only items/brands are available on the Schedule for dispensing but not for prescribing, usually for a period of up to 12 months from when it is deleted.
Substitution of Supply Only items/brands with products flagged as "equivalent for substitution" still apply as specified in the Schedule at the time the script was written. Further information on Supply Only arrangements is available at www.pbs.gov.au

11529T **BENRALIZUMAB**, benralizumab 30 mg/mL injection, 1 mL syringe *(Fasenra)*

11549W **BENRALIZUMAB**, benralizumab 30 mg/mL injection, 1 mL syringe *(Fasenra)*

11830P **BENRALIZUMAB**, benralizumab 30 mg/mL injection, 1 mL syringe *(Fasenra)*

Highly Specialised Drugs Program (Community Access)

Deletions

Deletion – Brand

10279B *Entecavir Amneal, EA* – **ENTECAVIR**, entecavir 500 microgram tablet, 30

10353X *Entecavir Amneal, EA* – **ENTECAVIR**, entecavir 1 mg tablet, 30

10303G *Nevirapine XR APOTEX, TX* – **NEVIRAPINE**, nevirapine 400 mg modified release tablet, 30

Deletion – Equivalence Indicator

10303G *Viramune XR, BY* – **NEVIRAPINE**, nevirapine 400 mg modified release tablet, 30

Advance Notices

1 January 2022

Deletion – Brand

10344K *Aptivus, BY* – **TIPRANAVIR**, tipranavir 250 mg capsule, 120

IVF Program

Additions

Addition – Item

12779N **FOLLITROPIN ALFA**, follitropin alfa 300 units (22 microgram)/0.5 mL injection, 0.5 mL cartridge *(Ovaleap)*

12800Q **FOLLITROPIN ALFA**, follitropin alfa 450 units (33 microgram)/0.75 mL injection, 0.75 mL cartridge *(Ovaleap)*

12770D **FOLLITROPIN ALFA**, follitropin alfa 900 units (66 microgram)/1.5 mL injection, 1.5 mL cartridge *(Ovaleap)*

Addition – Equivalence Indicator

6431L *Gonal-f Pen, SG* – **FOLLITROPIN ALFA**, follitropin alfa 300 units (21.84 microgram)/0.5 mL injection, 0.5 mL pen device

6432M *Gonal-f Pen, SG* – **FOLLITROPIN ALFA**, follitropin alfa 450 units (32.76 microgram)/0.75 mL injection, 0.75 mL pen device

6433N *Gonal-f Pen, SG* – **FOLLITROPIN ALFA**, follitropin alfa 900 units (65.52 microgram)/1.5 mL injection, 1.5 mL pen device

Alterations

Alteration – Note

10861P **FOLLITROPIN ALFA**, follitropin alfa 75 units (5.5 microgram)/0.125 mL injection, 5 x 0.125 mL pen devices *(Bemfola)*

10873G **FOLLITROPIN ALFA**, follitropin alfa 150 units (11 microgram)/0.25 mL injection, 5 x 0.25 mL pen devices *(Bemfola)*

10872F **FOLLITROPIN ALFA**, follitropin alfa 225 units (16.5 microgram)/0.375 mL injection, 5 x 0.375 mL pen devices *(Bemfola)*

10866X **FOLLITROPIN ALFA**, follitropin alfa 300 units (22 microgram)/0.5 mL injection, 5 x 0.5 mL pen devices *(Bemfola)*

6431L **FOLLITROPIN ALFA**, follitropin alfa 300 units (21.84 microgram)/0.5 mL injection, 0.5 mL pen device *(Gonal-f Pen)*

10867Y **FOLLITROPIN ALFA**, follitropin alfa 450 units (33 microgram)/0.75 mL injection, 5 x 0.75 mL pen devices *(Bemfola)*

6432M **FOLLITROPIN ALFA**, follitropin alfa 450 units (32.76 microgram)/0.75 mL injection, 0.75 mL pen device *(Gonal-f Pen)*

6433N **FOLLITROPIN ALFA**, follitropin alfa 900 units (65.52 microgram)/1.5 mL injection, 1.5 mL pen device *(Gonal-f Pen)*

Repatriation Pharmaceutical Benefits

Additions

Addition – Item

12765W **DRESSING ALGINATE WITH SILVER CAVITY WOUND**, dressing alginate with silver cavity wound 3 cm x 44 cm medicated dressing, 10 *(Melgisorb Ag 256605)*

12772F **DRESSING ALGINATE WITH SILVER DEEP WOUND**, dressing alginate with silver deep wound 5 cm x 5 cm medicated dressing, 10 *(Melgisorb Ag 256055)*

12801R **DRESSING ALGINATE WITH SILVER DEEP WOUND**, dressing alginate with silver deep wound 10 cm x 10 cm medicated dressing, 10 *(Melgisorb Ag 256105)*

12797M **DRESSING FOAM HEAVY EXUDATE**, dressing foam heavy exudate 5 cm x 5 cm dressing, 5 *(Mepilex XT 211015)*

12760N **DRESSING FOAM HEAVY EXUDATE**, dressing foam heavy exudate 10 cm x 10 cm dressing, 5 *(Mepilex XT 211100)*

12798N **DRESSING FOAM HEAVY EXUDATE**, dressing foam heavy exudate 10 cm x 13 cm dressing, 50 *(Mesorb 677001)*

12793H **DRESSING FOAM HEAVY EXUDATE**, dressing foam heavy exudate 10 cm x 23 cm dressing, 50 *(Mesorb 677401)*

12807C **DRESSING FOAM HEAVY EXUDATE**, dressing foam heavy exudate 12.5 cm x 12.5 cm dressing, 10 *(Mextra Superabsorbent 610000)*

12788C **DRESSING FOAM HEAVY EXUDATE**, dressing foam heavy exudate 17.5 cm x 22.5 cm dressing, 10 *(Mextra Superabsorbent 610300)*

12776K **DRESSING FOAM HEAVY EXUDATE**, dressing foam heavy exudate 20 cm x 20 cm dressing, 5 *(Mepilex XT 211400)*

12783T **DRESSING FOAM HEAVY EXUDATE**, dressing foam heavy exudate 22.5 cm x 32.5 cm dressing, 10 *(Mextra Superabsorbent 610500)*

12781Q **DRESSING FOAM HEAVY EXUDATE**, dressing foam heavy exudate 23 cm x 25 cm dressing, 30 *(Mesorb 677701)*

12780P **DRESSING FOAM WITH SILICONE LIGHT EXUDATE**, dressing foam with silicone light exudate 4 cm x 5 cm dressing, 10 *(Mepilex Border Lite 281000)*

12774H **DRESSING FOAM WITH SILICONE LIGHT EXUDATE**, dressing foam with silicone light exudate 5 cm x 12.5 cm dressing, 5 *(Mepilex Border Lite 281100)*

12804X **DRESSING FOAM WITH SILICONE LIGHT EXUDATE**, dressing foam with silicone light exudate 10 cm x 10 cm dressing, 5 *(Mepilex Border Lite 281300)*

12777L **DRESSING FOAM WITH SILICONE MODERATE EXUDATE**, dressing foam with silicone moderate exudate 4 cm x 5 cm dressing, 10 *(Mepilex Border Flex Lite 581011)*

12782R **DRESSING FOAM WITH SILICONE MODERATE EXUDATE**, dressing foam with silicone moderate exudate 5 cm x 12.5 cm dressing, 5 *(Mepilex Border Flex Lite 581100)*

12799P **DRESSING FOAM WITH SILICONE MODERATE EXUDATE**, dressing foam with silicone moderate exudate 10 cm x 10 cm dressing, 5 *(Mepilex Border Flex Lite 581300)*

Addition – Brand

10598T *Parapane Osteo, AF* – **PARACETAMOL**, paracetamol 665 mg modified release tablet, 96

4070F *Flosix, AF* – **TAMSULOSIN**, tamsulosin hydrochloride 400 microgram modified release tablet, 30

Deletions

Deletion – Item

4028B **DOCUSATE + SENNOSIDE B**, docusate sodium 50 mg + sennoside B 8 mg tablet, 100 *(Soflax)*

Deletion – Brand

4115N *Azithromycin-GA, EA* – **AZITHROMYCIN**, azithromycin 500 mg tablet, 3

4049D *Uracol, EA* – **BICARBONATE + CITRIC ACID + TARTARIC ACID**, sodium bicarbonate 1.76 g + sodium citrate 630 mg + citric acid 720 mg + tartaric acid 890 mg powder for oral liquid, 28 x 4 g sachets

4179Y *Clopidogrel AN, EA* – **CLOPIDOGREL**, clopidogrel 75 mg tablet, 28

4233T *Auro-Finasteride, DO* – **FINASTERIDE**, finasteride 5 mg tablet, 30

4233T *Finasteride AN, EA* – **FINASTERIDE**, finasteride 5 mg tablet, 30

4592Q *Gantin, EA* – **GABAPENTIN**, gabapentin 300 mg capsule, 100

4593R *Gantin, EA* – **GABAPENTIN**, gabapentin 400 mg capsule, 100

4595W *Gabapentin AN, EA* – **GABAPENTIN**, gabapentin 800 mg tablet, 100

4595W *Gantin, ED* – **GABAPENTIN**, gabapentin 800 mg tablet, 100

4029C *Logicin Sinus, AS* – **PSEUDOEPHEDRINE**, pseudoephedrine hydrochloride 60 mg tablet, 12

4444X *Risedronate AN, EA* – **RISEDRONATE**, risedronate sodium 35 mg tablet, 4

4584G *Sildenafil Actavis, EA* – **SILDENAFIL**, sildenafil 25 mg tablet, 4

4585H *Sildenafil Actavis, EA* – **SILDENAFIL**, sildenafil 50 mg tablet, 4

4586J *Sildenafil Actavis, EA* – **SILDENAFIL**, sildenafil 100 mg tablet, 4

Alterations

Alteration – Item Description

From

4560B **COAL TAR SOLUTION + SALICYLIC ACID**, coal tar solution 5% + salicylic acid 2% shampoo, 200 mL *(Ionil-T)*

To

4560B **COAL TAR SOLUTION + SALICYLIC ACID**, coal tar solution 4.25% + salicylic acid 2% shampoo, 200 mL *(Ionil-T)*

From

4698G **DRESSING HYDROFIBRE ALTERNATE TO ALGINATES**, dressing hydrofibre alternate to alginates 2 g (30 cm) rope, 5 x 2 g *(Aquacel 403770)*

To

4698G **DRESSING HYDROFIBRE ALTERNATE TO ALGINATES**, dressing hydrofibre alternate to alginates 2 cm x 45 cm ribbon, 5 *(Aquacel 403770)*

From

10105W **DRESSING HYDROFIBRE WITH SILVER**, dressing hydrofibre with silver 2 cm x 45 cm rope, 5 *(Aquacel Ag 403771)*

To

10105W **DRESSING HYDROFIBRE WITH SILVER**, dressing hydrofibre with silver 2 cm x 45 cm ribbon, 5 *(Aquacel Ag 403771)*

About the Schedule

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

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

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

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

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

Symbols and Abbreviations Used in the Schedule

*	An asterisk in the dispensed price column indicates that the manufacturer's pack does not coincide with the maximum quantity
‡	A double dagger in the maximum quantity column indicates where the maximum quantity has been determined to match the manufacturer's pack. These packs cannot be broken and the maximum quantity should be supplied and claimed
#	A gauge in the dispensed price column indicates that the product is not preconstituted and that the dispensed price therefore included a dispensing fee and where appropriate, an amount for purified water
a or b	Located immediately before brand names of an item indicates that the brands are equivalent for the purposes of substitution. These brands may be interchanged without differences in clinical effect
B	Located immediately before an amount in the premium column indicates a brand premium which applies to that particular brand of the item
T	Located immediately before an amount in the premium column indicates a therapeutic group premium which applies to that particular item
S	Located immediately before an amount in the premium column indicates a special patient contribution which applies to that particular item
DPMQ $	Dispensed price for maximum quantity
MRVSN $	Maximum recordable value for safety net
NP	Indicates that the item can be prescribed by an authorised nurse practitioner
MW	Indicates that the item can be prescribed by an authorised midwife
OP	Indicates that the item can be prescribed by an authorised optometrist
DP	Indicates that the item can be prescribed by an authorised dental practitioner

Restricted Benefits

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

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

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

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

Guidelines and General Statements

General Statement for Drugs for the Treatment of Hepatitis C

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

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

Treatment criteria:

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

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

- the patient's cirrhotic status (non-cirrhotic or cirrhotic)
- details of the previous treatment regimen (only for requests for sofosbuvir + velpatasvir + voxilaprevir (Vosevi®) or glecaprevir + pibrentasvir (Maviret®) for 16 weeks' treatment in patients who have previously failed a treatment with a regimen containing an NS5A inhibitor).

The following information must be documented in the patient's medical records:

- evidence of chronic hepatitis C infection (repeatedly antibody to hepatitis C virus (anti-HCV) positive and hepatitis C virus ribonucleic acid (HCV RNA) positive); and
- where possible, evidence of the hepatitis C virus genotype

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

HEPATITIS C – NON-CIRRHOTIC PATIENTS

	TREATMENT NAÏVE	**TREATMENT EXPERIENCED**
All genotypes (Pan-genotypic regimens)	**SOFOSBUVIR** + **VELPATASVIR** [12 weeks] OR **GLECAPREVIR** + **PIBRENTASVIR** [8 weeks]	**SOFOSBUVIR + VELPATASVIR** [12 weeks] **OR** **SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR** [12 weeks] [3] **OR** **GLECAPREVIR + PIBRENTASVIR** [8 or 12 or 16 weeks] [2]
Genotype 1	**LEDIPASVIR + SOFOSBUVIR** [8 or 12 weeks] [1]	**LEDIPASVIR + SOFOSBUVIR** [12 weeks]
Genotype 2	Refer to treatment naïve pan-genotypic regimens above.	Refer to treatment experienced pan-genotypic regimens above.
Genotype 3	Refer to treatment naïve pan-genotypic regimens above.	Refer to treatment experienced pan-genotypic regimens above.
Genotype 4	Refer to treatment naïve pan-genotypic regimens above.	Refer to treatment experienced pan-genotypic regimens above.
Genotype 5 & 6	Refer to treatment naïve pan-genotypic regimens above.	Refer to treatment experienced pan-genotypic regimens above.

KEY
RBV - ribavirin

HEPATITIS C – CIRRHOTIC PATIENTS

	TREATMENT NAÏVE	TREATMENT EXPERIENCED
All genotypes (Pan-genotypic regimens)	**SOFOSBUVIR + VELPATASVIR** [12 weeks] [4, 6] **OR** **GLECAPREVIR + PIBRENTASVIR** [8 weeks] [7]	**SOFOSBUVIR + VELPATASVIR** [12 weeks] [4, 6] **OR** **SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR** [12 weeks] [3] **OR** **GLECAPREVIR + PIBRENTASVIR** [12 or 16 weeks] [5]
Genotype 1	**LEDIPASVIR + SOFOSBUVIR** [12 weeks]	**LEDIPASVIR + SOFOSBUVIR** [24 weeks]
Genotype 2	Refer to treatment naïve pan-genotypic regimens above.	Refer to treatment experienced pan-genotypic regimens above.
Genotype 3	Refer to treatment naïve pan-genotypic regimens above.	Refer to treatment experienced pan-genotypic regimens above.
Genotype 4	Refer to treatment naïve pan-genotypic regimens above.	Refer to treatment experienced pan-genotypic regimens above.
Genotype 5 & 6	Refer to treatment naïve pan-genotypic regimens above.	Refer to treatment experienced pan-genotypic regimens above.

KEY
RBV – ribavirin

1. LEDIPASVIR + SOFOSBUVIR [8 or 12 weeks] for treatment-naïve, non-cirrhotic patients:
   - consider treatment for 8 weeks where pre-treatment HCV RNA is less than 6 million IU/mL;
   - otherwise treatment for 12 weeks where pre-treatment HCV RNA is 6 million IU/mL or greater.
2. GLECAPREVIR + PIBRENTASVIR [8 or 12 or 16 weeks] for non-cirrhotic patients:
   - treatment for 8 weeks for treatment-experienced patients with genotypes 1, 2, 4, 5 or 6 who have failed regimens containing peginterferon, ribavirin, and/or sofosbuvir but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor;
   - treatment for 16 weeks for treatment-experienced patients with genotype 3 who have failed regimens containing peginterferon, ribavirin, and/or sofosbuvir but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor;
   - treatment for 12 weeks for treatment-experienced patients with genotype 1 who have failed regimens containing an NS3/4A PI;
   - treatment for 16 weeks for treatment-experienced patients with genotype 1 who have failed regimens containing an NS5A inhibitor.
3. SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR [12 weeks] only for patients who have failed an NS5A inhibitor.
4. SOFOSBUVIR + VELPATASVIR [12 weeks] for patients with decompensated cirrhosis. Use in combination with ribavirin.
5. GLECAPREVIR + PIBRENTASVIR [12 or 16 weeks] for cirrhotic patients:
   - treatment for 12 weeks for treatment-experienced patients with genotypes 1, 2, 4, 5 or 6 who have failed regimens containing peginterferon, ribavirin, and/or sofosbuvir but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor;
   - treatment for 16 weeks for treatment-experienced patients with genotype 3 who have failed regimens containing peginterferon, ribavirin, and/or sofosbuvir but no prior treatment experience with an HCV NS3/4A PI or NS5A inhibitor;
   - treatment for 12 weeks for treatment-experienced patients with genotype 1 who have failed regimens containing an NS3/4A PI;
   - treatment for 16 weeks for treatment-experienced patients with genotype 1 who have failed regimens containing an NS5A inhibitor.
6. SOFOSBUVIR + VELPATASVIR [12 weeks] for patients with genotype 3 infection with compensated cirrhosis. Consider addition of ribavirin.
7. GLECAPREVIR + PIBRENTASVIR – A treatment duration of 12 weeks may be considered for patients with compensated cirrhosis, at the discretion of the prescriber.

Pharmaceutical Benefits Schedules

Prescriber Bag

▪ ADRENALINE (EPINEPHRINE)

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 10 x 1 mL ampoules

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
12616B NP	0.5	*26.28	ADRENALINE RENAUDIN [LM]

OR

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3451P NP	1	21.74	Link Medical Products Pty Ltd [LM]

▪ ATROPINE SULFATE

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3453R NP	1	23.75	Pfizer Australia Pty Ltd [PF]

▪ BENZATHINE BENZYLPENICILLIN

benzathine benzylpenicillin tetrahydrate 1.2 million units (1016.6 mg)/2.3 mL injection, 10 x 2.3 mL syringes

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
11755Q NP	1	304.82	Bicillin L-A [PF]

▪ BENZATROPINE

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
11265X NP	1	117.23	Benzatropine Injection [FF]

▪ BENZYLPENICILLIN

benzylpenicillin 600 mg injection, 1 vial

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3486L NP	5	*41.78	BenPen [CS]

OR

▪ PROCAINE BENZYLPENICILLIN (PROCAINE PENICILLIN)

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3485K NP	1	75.43	Cilicaine [AF]

▪ BENZYLPENICILLIN

benzylpenicillin 3 g injection, 1 vial

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3487M NP	1	21.66	BenPen [CS]

▪ CHLORPROMAZINE

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3455W NP	1	22.00	Largactil [SW]

OR

▪ HALOPERIDOL

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3456X NP	1	23.28	Serenace [AS]

▪ CLONAZEPAM

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3478C NP	‡1	15.83	Rivotril [PB]

▪ DIPHTHERIA + TETANUS VACCINE

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

3463G

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
2	*129.80	ADT Booster [CS]

NP

▪ FUROSEMIDE (FRUSEMIDE)

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

3466K

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
1	13.72	Lasix [SW]

NP

▪ FUROSEMIDE (FRUSEMIDE)

furosemide (frusemide) 20 mg tablet, 50

12222G

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	13.07	[a] Frusemix-M [TY]	[a] Urex-M [RW]
	14.19	[a] Lasix-M [SW]	

NP

▪ GLUCAGON HYDROCHLORIDE

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

3467L

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
1	49.72	GlucaGen Hypokit [NO]

NP

▪ GLYCERYL TRINITRATE

glyceryl trinitrate 400 microgram/actuation spray, 200 actuations

3475X

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
‡1	24.00	Nitrolingual Pumpspray [SW]

NP

▪ HYDROCORTISONE SODIUM SUCCINATE

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

3470P

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
2	*21.88	Solu-Cortef [PF]

NP

OR

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

3471Q

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
1	20.84	Solu-Cortef [PF]

NP

▪ HYOSCINE BUTYLBROMIDE

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

3473T

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	21.53	[a] Buscopan [VZ]	[a] HYOSCINE BUTYLBROMIDE MEDSURGE [DZ]
		[a] HYOSCINE BUTYLBROMIDE SXP [XN]	

NP

▪ LIDOCAINE (LIGNOCAINE)

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

10209H

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
1	39.61	Pfizer Australia Pty Ltd [PF]

NP

▪ METHOXYFLURANE

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

3489P

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
1	41.04	Penthrox [DV]

▪ METOCLOPRAMIDE

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3476Y			
NP	1	17.79	Maxolon [IL]

OR

▪ PROCHLORPERAZINE

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3477B			
NP	1	21.76	Stemetil [SW]

▪ MIDAZOLAM

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
10178Q			
NP	1	39.85	Pfizer Australia Pty Ltd [PF]

▪ MORPHINE

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
3479D				
NP	1	24.62	[a] DBL Morphine Sulfate Pentahydrate [PF]	[a] MORPHINE SULFATE 15 mg/1 mL MEDSURGE [DZ]

OR

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
10862Q			
NP	1	23.22	Morphine Juno [JU]

OR

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
3480E				
NP	1	26.72	[a] DBL Morphine Sulfate Pentahydrate [PF]	[a] MORPHINE SULFATE 30 mg/1 mL MEDSURGE [DZ]

OR

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
10868B			
NP	1	26.58	Morphine Juno [JU]

▪ NALOXONE

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
10786Q				
NP	2	*66.42	[a] Naloxone Hydrochloride (DBL) [PF] [a] NALOXONE SXP [XN]	[a] Naloxone Juno [JU]

OR

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
11233F			
NP	1	66.42	NARCAN [FF]

▪ PHYTOMENADIONE

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
10213M			
	1	24.90	Konakion MM [PB]

▪ PROMETHAZINE

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

	Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
3488N			
NP	2	*35.66	DBL Promethazine Hydrochloride [PF]

▪ SALBUTAMOL

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

3497C (NP)

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	16.29	[a] APO-Salbutamol [TX]	[a] Salbutamol AN [ED]
		[a] Salbutamol Cipla [LR]	
	16.54	[a] Asmol 5 uni-dose [AF]	

OR

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

11088N (NP)

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
‡1	16.55	Ventolin Nebules [GK]

▪ SALBUTAMOL

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

3496B (NP)

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
‡1	16.08	[a] Salbutamol Cipla [LR]
	16.33	[a] Asmol 2.5 uni-dose [AF]

OR

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

11125M (NP)

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
‡1	16.42	Ventolin Nebules [GK]

OR

salbutamol 100 microgram/actuation inhalation, 200 actuations

12108G (NP)

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	16.91	[a] Zempreon CFC-Free with dose counter [AL]	
	19.41	[a] Asmol CFC-Free with dose counter [AF]	[a] Ventolin CFC-Free with dose counter [GK]

OR

salbutamol 100 microgram/actuation inhalation, 200 actuations

3495Y (NP)

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer
‡1	16.27	Asmol CFC-free [AL]

▪ TRAMADOL

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

3484J (NP)

Max.Qty Packs	DPMQ $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	15.14	[a] Tramadol AN [JU]	[a] Tramadol Sandoz [SZ]
		[a] Tramal 100 [CS]	

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ALIMENTARY TRACT AND METABOLISM

STOMATOLOGICAL PREPARATIONS

STOMATOLOGICAL PREPARATIONS

Antiinfectives and antiseptics for local oral treatment

AMPHOTERICIN B

amphotericin B 10 mg lozenge, 20

2931G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	16.45	17.75	Fungilin [AS]

amphotericin B 10 mg lozenge, 20

3306B DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	16.45	17.75	Fungilin [AS]

Other agents for local oral treatment

BENZYDAMINE

Restricted benefit

Mucositis

Clinical criteria:

- The condition must be radiation induced.

benzydamine hydrochloride 0.15% mouthwash, 500 mL

1121B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	23.27	24.57	Difflam [IL]

BENZYDAMINE

Restricted benefit

Mucositis

Clinical criteria:

- The condition must be radiation induced.

benzydamine hydrochloride 0.15% mouthwash, 500 mL

5032W DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	23.27	24.57	Difflam [IL]

DRUGS FOR ACID RELATED DISORDERS

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

H2-receptor antagonists

FAMOTIDINE

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

famotidine 20 mg tablet, 60

2487X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	16.07	17.37	Ausfam 20 [RW]

famotidine 40 mg tablet, 30

2488Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	16.07	17.37	Ausfam 40 [RW]

NIZATIDINE

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

nizatidine 300 mg capsule, 30

1504E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.52	23.82	[a] Nizac [RF]	[a] Tacidine [AF]
		[B]7.59	30.11	23.82	[a] Tazac [RW]	

nizatidine 150 mg capsule, 60

1505F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.52	23.82	[a] Nizac [RF]	[a] Tacidine [AF]
		[B]7.59	30.11	23.82	[a] Tazac [RW]	

▪ RANITIDINE

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

ranitidine 150 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1978D NP MW	1	5	..	15.71	17.01	[a] APO-Ranitidine [TX] [a] Rani 2 [AF]	[a] Ausran [RW]
			[B]1.56	17.27	17.01	[a] Zantac [AS]	

ranitidine 300 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1977C NP	1	5	..	15.71	17.01	[a] APO-Ranitidine [TX] [a] Rani 2 [AF]	[a] Ausran [RW]
			[B]1.56	17.27	17.01	[a] Zantac [AS]	

ranitidine 150 mg/10 mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8162N NP	2	5	..	*29.32	30.62	Zantac Syrup [AS]

Proton pump inhibitors

▪ ESOMEPRAZOLE

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

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

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

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

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

Authority required

Gastro-oesophageal reflux disease

Clinical criteria:

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

esomeprazole 40 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8601Q NP	1	1	..	22.80	24.10	[a] APO-Esomeprazole [TY] [a] Esomeprazole GH [GQ] [a] Esomeprazole Mylan [AL] [a] Esomeprazole Sandoz [SZ] [a] Esopreze [BG] [a] Nexole [RF]	[a] Esomeprazole Apotex [TX] [a] Esomeprazole GxP [AF] [a] Esomeprazole RBX [RA] [a] Esomeprazole SZ [HX] [a] Nexazole [RW] [a] NOUMED ESOMEPRAZOLE [VO]
			[B]5.00	27.80	24.10	[a] Nexium [AP]	

esomeprazole 40 mg enteric capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10330Q NP	1	1	..	22.80	24.10	[a] Noxicid Caps [AL]

▪ ESOMEPRAZOLE

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

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

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

Note Continuing Therapy Only:

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

Authority required

Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion

Clinical criteria:

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

Authority required

Scleroderma oesophagus

Clinical criteria:

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

esomeprazole 40 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3401B	1	5	..	22.80	24.10	[a] APO-Esomeprazole [TY]	[a] Esomeprazole Apotex [TX]

					[a] Esomeprazole GH [GQ]	[a] Esomeprazole GxP [AF]
					[a] Esomeprazole Mylan [AL]	[a] Esomeprazole RBX [RA]
					[a] Esomeprazole Sandoz [SZ]	[a] Esomeprazole SZ [HX]
					[a] Esopreze [BG]	[a] Nexazole [RW]
					[a] Nexole [RF]	[a] NOUMED ESOMEPRAZOLE [VO]
		[B]5.00	27.80	24.10	[a] Nexium [AP]	

esomeprazole 40 mg enteric capsule, 30

10331R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	22.80	24.10	[a] Noxicid Caps [AL]

▪ ESOMEPRAZOLE

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

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

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

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

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

Authority required (STREAMLINED)

8780

Scleroderma oesophagus

Authority required (STREAMLINED)

8827

Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion

esomeprazole 20 mg enteric tablet, 30

8600P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.39	19.69	[a] APO-Esomeprazole [TY]	[a] Esomeprazole Apotex [TX]
					[a] Esomeprazole GH [GQ]	[a] Esomeprazole GxP [AF]
					[a] Esomeprazole Mylan [AL]	[a] Esomeprazole RBX [RA]
					[a] Esomeprazole Sandoz [SZ]	[a] Esomeprazole SZ [HX]
					[a] Esopreze [BG]	[a] Nexazole [RW]
					[a] Nexole [RF]	[a] NOUMED ESOMEPRAZOLE [VO]
		[B]5.00	23.39	19.69	[a] Nexium [AP]	

esomeprazole 20 mg enteric capsule, 30

10343J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18.39	19.69	[a] Noxicid Caps [AL]

▪ ESOMEPRAZOLE

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

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

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

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

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

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

Authority required (STREAMLINED)

8776

Gastro-oesophageal reflux disease

Clinical criteria:

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

esomeprazole 20 mg enteric tablet, 30

11692J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.39	19.69	[a] APO-Esomeprazole [TY]	[a] Esomeprazole Apotex [TX]
					[a] Esomeprazole GH [GQ]	[a] Esomeprazole GxP [AF]
					[a] Esomeprazole Mylan [AL]	[a] Esomeprazole RBX [RA]
					[a] Esomeprazole Sandoz [SZ]	[a] Esomeprazole SZ [HX]
					[a] Esopreze [BG]	[a] Nexazole [RW]
					[a] Nexole [RF]	[a] NOUMED ESOMEPRAZOLE [VO]
		[B]5.00	23.39	19.69	[a] Nexium [AP]	

esomeprazole 20 mg enteric capsule, 30

11687D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18.39	19.69	[a] Noxicid Caps [AL]

▪ ESOMEPRAZOLE

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

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

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

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

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

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

Authority required (STREAMLINED)

8775

Peptic ulcer

Treatment Phase: Initial treatment

Clinical criteria:

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

Authority required (STREAMLINED)

8774

Gastro-oesophageal reflux disease

Clinical criteria:

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

esomeprazole 20 mg enteric tablet, 30

8886Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	18.39	19.69	[a] APO-Esomeprazole [TY] [a] Esomeprazole GH [GQ] [a] Esomeprazole Mylan [AL] [a] Esomeprazole Sandoz [SZ] [a] Esopreze [BG] [a] Nexole [RF]	[a] Esomeprazole Apotex [TX] [a] Esomeprazole GxP [AF] [a] Esomeprazole RBX [RA] [a] Esomeprazole SZ [HX] [a] Nexazole [RW] [a] NOUMED ESOMEPRAZOLE [VO]
		[B]5.00	23.39	19.69	[a] Nexium [AP]	

esomeprazole 20 mg enteric capsule, 30

10295W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	18.39	19.69	[a] Noxicid Caps [AL]

▪ ESOMEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

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

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; OR

- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

esomeprazole 20 mg enteric tablet, 30

12287Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*24.70	26.00	[a] APO-Esomeprazole [TY]	[a] Esomeprazole Apotex [TX]
					[a] Esomeprazole GH [GQ]	[a] Esomeprazole GxP [AF]
					[a] Esomeprazole Mylan [AL]	[a] Esomeprazole RBX [RA]
					[a] Esomeprazole Sandoz [SZ]	[a] Esomeprazole SZ [HX]
					[a] Esopreze [BG]	[a] Nexazole [RW]
					[a] Nexole [RF]	[a] NOUMED ESOMEPRAZOLE [VO]
		[B]10.00	*34.70	26.00	[a] Nexium [AP]	

esomeprazole 20 mg enteric capsule, 30

12275C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*24.70	26.00	[a] Noxicid Caps [AL]

▪ ESOMEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

Note A high dose proton pump inhibitor is: esomeprazole 40 mg.

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

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

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

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must have symptoms inadequately controlled with each of: (i) a high dose proton pump inhibitor (PPI) administered once daily, (ii) a standard dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from a high dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

esomeprazole 40 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12283L	2	5	..	*33.52	34.82	[a] APO-Esomeprazole [TY] [a] Esomeprazole GH [GQ] [a] Esomeprazole Mylan [AL] [a] Esomeprazole Sandoz [SZ] [a] Esopreze [BG] [a] Nexole [RF]	[a] Esomeprazole Apotex [TX] [a] Esomeprazole GxP [AF] [a] Esomeprazole RBX [RA] [a] Esomeprazole SZ [HX] [a] Nexazole [RW] [a] NOUMED ESOMEPRAZOLE [VO]
			[B]10.00	*43.52	34.82	[a] Nexium [AP]	

esomeprazole 40 mg enteric capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12290W	2	5	..	*33.52	34.82	[a] Noxicid Caps [AL]

▪ LANSOPRAZOLE

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

Restricted benefit

Gastro-oesophageal reflux disease

Restricted benefit

Scleroderma oesophagus

lansoprazole 15 mg enteric capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8198L NP	1	5	..	15.62	16.92	Zopral [AF]

lansoprazole 15 mg orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9331D NP	1	5	..	15.41	16.71	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
			[B]4.62	20.03	16.71	[a] Zoton FasTabs [PF]	

▪ LANSOPRAZOLE

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

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

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

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

Authority required (STREAMLINED)

8780

Scleroderma oesophagus

lansoprazole 30 mg orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9478W NP	1	5	..	17.71	19.01	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
			[B]4.81	22.52	19.01	[a] Zoton FasTabs [PF]	

lansoprazole 30 mg enteric capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2241Y NP	1	5	..	17.71	19.01	[a] APO-Lansoprazole [TX] [a] NOUMED LANSOPRAZOLE [VO]	[a] Lanzopran [RA] [a] Zopral [AF]

▪ LANSOPRAZOLE

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

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

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

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

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

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

Authority required (STREAMLINED)

8776

Gastro-oesophageal reflux disease

Clinical criteria:

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

lansoprazole 30 mg orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11697P NP	1	5	..	17.71	19.01	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
			[B]4.81	22.52	19.01	[a] Zoton FasTabs [PF]	

lansoprazole 30 mg enteric capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11669E NP	1	5	..	17.71	19.01	[a] APO-Lansoprazole [TX] [a] NOUMED LANSOPRAZOLE [VO]	[a] Lanzopran [RA] [a] Zopral [AF]

▪ LANSOPRAZOLE

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

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

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

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

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

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

Authority required (STREAMLINED)

8775

Peptic ulcer

Treatment Phase: Initial treatment

Clinical criteria:

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

Authority required (STREAMLINED)

8774

Gastro-oesophageal reflux disease

Clinical criteria:

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

lansoprazole 30 mg orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9477T NP	1	1	..	17.71	19.01	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
			[B]4.81	22.52	19.01	[a] Zoton FasTabs [PF]	

lansoprazole 30 mg enteric capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2240X NP	1	1	..	17.71	19.01	[a] APO-Lansoprazole [TX] [a] NOUMED LANSOPRAZOLE [VO]	[a] Lanzopran [RA] [a] Zopral [AF]

▪ LANSOPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

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

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; OR

- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; OR
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

lansoprazole 30 mg orally disintegrating tablet, 28

12276D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*23.34	24.64	[a] APO-Lansoprazole ODT [TX] [a] Zopral ODT [AF]	[a] Lansoprazole ODT GH [GQ]
		[B]9.62	*32.96	24.64	[a] Zoton FasTabs [PF]	

lansoprazole 30 mg enteric capsule, 28

12284M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*23.34	24.64	[a] APO-Lansoprazole [TX] [a] NOUMED LANSOPRAZOLE [VO]	[a] Lanzopran [RA] [a] Zopral [AF]

▪ OMEPRAZOLE

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

Restricted benefit

Gastro-oesophageal reflux disease

Restricted benefit

Scleroderma oesophagus

Restricted benefit

Zollinger-Ellison syndrome

omeprazole 10 mg enteric tablet, 30

8332M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	15.86	17.16	Losec Tablets [PB]

▪ OMEPRAZOLE

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

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

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

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

Authority required (STREAMLINED)

8780

Scleroderma oesophagus

Authority required (STREAMLINED)

8866

Zollinger-Ellison syndrome

omeprazole 20 mg enteric capsule, 30

1327W

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.51	17.81	[a] APO-Omeprazole [TX] [a] Omeprazole Sandoz [HX] [a] Pharmacor Omeprazole 20 [CR]	[a] Maxor [AF] [a] Pemzo [RW] [a] Probitor [SZ]

omeprazole 20 mg enteric tablet, 30

8333N

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.51	17.81	[a] APO-Omeprazole [TX] [a] Omeprazole generichealth [GQ]	[a] Maxor EC Tabs [AF] [a] Ozmep [ZP]

omeprazole 20 mg enteric tablet, 30

9110L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.51	17.81	[a] Acimax Tablets [AL] [a] Omeprazole Sandoz [SZ]	[a] Omepral [FQ]
		[B]7.36	23.87	17.81	[a] Losec Tablets [PB]	

▪ OMEPRAZOLE

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

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

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

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

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

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

Authority required (STREAMLINED)

8776

Gastro-oesophageal reflux disease

Clinical criteria:

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

omeprazole 20 mg enteric capsule, 30

11682W

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.51	17.81	[a] APO-Omeprazole [TX] [a] Omeprazole Sandoz [HX] [a] Pharmacor Omeprazole 20 [CR]	[a] Maxor [AF] [a] Pemzo [RW] [a] Probitor [SZ]

omeprazole 20 mg enteric tablet, 30

11677N

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.51	17.81	[a] Acimax Tablets [AL] [a] Omeprazole Sandoz [SZ]	[a] Omepral [FQ]
		[B]7.36	23.87	17.81	[a] Losec Tablets [PB]	

omeprazole 20 mg enteric tablet, 30

11683X

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.51	17.81	[a] APO-Omeprazole [TX] [a] Omeprazole generichealth [GQ]	[a] Maxor EC Tabs [AF] [a] Ozmep [ZP]

▪ OMEPRAZOLE

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

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

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

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

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

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

Authority required (STREAMLINED)

8775

Peptic ulcer

Treatment Phase: Initial treatment

Clinical criteria:

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

Authority required (STREAMLINED)

8774

Gastro-oesophageal reflux disease

Clinical criteria:

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

omeprazole 20 mg enteric capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1326T NP	1	1	..	16.51	17.81	[a] APO-Omeprazole [TX] [a] Omeprazole Sandoz [HX] [a] Pharmacor Omeprazole 20 [CR]	[a] Maxor [AF] [a] Pemzo [RW] [a] Probitor [SZ]

omeprazole 20 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8331L NP	1	1	..	16.51	17.81	[a] APO-Omeprazole [TX] [a] Omeprazole generichealth [GQ]	[a] Maxor EC Tabs [AF] [a] Ozmep [ZP]

omeprazole 20 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9109K NP	1	1	..	16.51	17.81	[a] Acimax Tablets [AL] [a] Omeprazole Sandoz [SZ]	[a] Omepral [FQ]
			[B]7.36	23.87	17.81	[a] Losec Tablets [PB]	

▪ OMEPRAZOLE

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

Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

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

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; OR
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

omeprazole 20 mg enteric capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12281J	2	5	..	*20.94	22.24	[a] APO-Omeprazole [TX] [a] Omeprazole Sandoz [HX] [a] Pharmacor Omeprazole 20 [CR]	[a] Maxor [AF] [a] Pemzo [RW] [a] Probitor [SZ]

omeprazole 20 mg enteric tablet, 30

12270T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*20.94	22.24	[a] Acimax Tablets [AL] [a] Omeprazole Sandoz [SZ]	[a] Omepral [FQ]
		[B]14.72	*35.66	22.24	[a] Losec Tablets [PB]	

omeprazole 20 mg enteric tablet, 30

12272X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*20.94	22.24	[a] APO-Omeprazole [TX] [a] Omeprazole generichealth [GQ]	[a] Maxor EC Tabs [AF] [a] Ozmep [ZP]

▪ PANTOPRAZOLE

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

Restricted benefit

Gastro-oesophageal reflux disease

Restricted benefit

Scleroderma oesophagus

Restricted benefit

Zollinger-Ellison syndrome

pantoprazole 20 mg enteric tablet, 30

8399C

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	13.65	14.95	[a] APO-Pantoprazole [TX] [a] Ozpan [RA] [a] Pantoprazole APOTEX [TY] [a] Pantoprazole Sandoz [SZ] [a] Somac [NQ]	[a] NOUMED PANTOPRAZOLE [VO] [a] Panthron [ZS] [a] Pantoprazole generichealth [HQ] [a] Salpraz [AF] [a] Sozol [RW]

▪ PANTOPRAZOLE

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

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

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

Authority required (STREAMLINED)

8780

Scleroderma oesophagus

Authority required (STREAMLINED)

8866

Zollinger-Ellison syndrome

pantoprazole 40 mg enteric coated granules, 30 sachets

9424B

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	33.20	34.50	Somac [NQ]

pantoprazole 40 mg enteric tablet, 30

8008L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.66	15.96	[a] APO-Pantoprazole [TX] [a] NOUMED PANTOPRAZOLE [VO] [a] Panthron [ZS] [a] Pantoprazole APOTEX [TY] [a] Pantoprazole Sandoz [SZ] [a] Somac [NQ]	[a] I-Pantoprazole [CR] [a] Ozpan [RA] [a] Pantoprazole AN [EA] [a] Pantoprazole generichealth [HQ] [a] Salpraz [AF] [a] Sozol [RW]

▪ PANTOPRAZOLE

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

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

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

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

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

Authority required (STREAMLINED)

8776

Gastro-oesophageal reflux disease

Clinical criteria:

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

pantoprazole 40 mg enteric coated granules, 30 sachets

11678P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	33.20	34.50	Somac [NQ]

pantoprazole 40 mg enteric tablet, 30

11681T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.66	15.96	[a] APO-Pantoprazole [TX]	[a] I-Pantoprazole [CR]
					[a] NOUMED PANTOPRAZOLE [VO]	[a] Ozpan [RA]
					[a] Panthron [ZS]	[a] Pantoprazole AN [EA]
					[a] Pantoprazole APOTEX [TY]	[a] Pantoprazole generichealth [HQ]
					[a] Pantoprazole Sandoz [SZ]	[a] Salpraz [AF]
					[a] Somac [NQ]	[a] Sozol [RW]

▪ PANTOPRAZOLE

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

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

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

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

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

Authority required (STREAMLINED)

8775

Peptic ulcer

Treatment Phase: Initial treatment

Clinical criteria:

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

Authority required (STREAMLINED)

8774

Gastro-oesophageal reflux disease

Clinical criteria:

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

pantoprazole 40 mg enteric coated granules, 30 sachets

9423Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	33.20	34.50	Somac [NQ]

pantoprazole 40 mg enteric tablet, 30

8007K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	14.66	15.96	[a] APO-Pantoprazole [TX]	[a] I-Pantoprazole [CR]
					[a] NOUMED PANTOPRAZOLE [VO]	[a] Ozpan [RA]
					[a] Panthron [ZS]	[a] Pantoprazole AN [EA]
					[a] Pantoprazole APOTEX [TY]	[a] Pantoprazole generichealth [HQ]
					[a] Pantoprazole Sandoz [SZ]	[a] Salpraz [AF]
					[a] Somac [NQ]	[a] Sozol [RW]

▪ PANTOPRAZOLE

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Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**

Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.

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

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

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

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; OR
- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

pantoprazole 40 mg enteric coated granules, 30 sachets

12282K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*54.32	41.30	Somac [NQ]

pantoprazole 40 mg enteric tablet, 30

12277E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*17.24	18.54	[a] APO-Pantoprazole [TX]	[a] I-Pantoprazole [CR]
					[a] NOUMED PANTOPRAZOLE [VO]	[a] Ozpan [RA]
					[a] Panthron [ZS]	[a] Pantoprazole AN [EA]
					[a] Pantoprazole APOTEX [TY]	[a] Pantoprazole generichealth [HQ]
					[a] Pantoprazole Sandoz [SZ]	[a] Salpraz [AF]
					[a] Somac [NQ]	[a] Sozol [RW]

▪ RABEPRAZOLE

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

Restricted benefit

Gastro-oesophageal reflux disease

Restricted benefit

Scleroderma oesophagus

rabeprazole sodium 10 mg enteric tablet, 28

8507R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.32	16.62	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
					[a] Rabeprazole Sandoz [SZ]	
		[B]4.81	20.13	16.62	[a] Pariet [JC]	

▪ RABEPRAZOLE

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

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

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

Authority required (STREAMLINED)

8780

Scleroderma oesophagus

rabeprazole sodium 20 mg enteric tablet, 30

8508T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.12	16.42	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
					[a] Rabeprazole Mylan [AF]	[a] Rabeprazole Sandoz [SZ]
					[a] Rabeprazole SUN [RN]	[a] Zabep [AL]
		[B]5.01	20.13	16.42	[a] Pariet [JC]	

▪ RABEPRAZOLE

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

Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

8776

Gastro-oesophageal reflux disease

Clinical criteria:

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

rabeprazole sodium 20 mg enteric tablet, 30

11670F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.12	16.42	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
					[a] Rabeprazole Mylan [AF]	[a] Rabeprazole Sandoz [SZ]
					[a] Rabeprazole SUN [RN]	[a] Zabep [AL]
		[B]5.01	20.13	16.42	[a] Pariet [JC]	

▪ RABEPRAZOLE

Note Check patient adherence to lower dose proton pump inhibitor before "stepping-up" therapy.
Note Low dose proton pump inhibitors are appropriate step-down therapy from standard dose proton pump inhibitors.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

8775

Peptic ulcer

Treatment Phase: Initial treatment

Clinical criteria:

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

Authority required (STREAMLINED)

8774

Gastro-oesophageal reflux disease

Clinical criteria:

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

rabeprazole sodium 20 mg enteric tablet, 30

8509W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	15.12	16.42	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
					[a] Rabeprazole Mylan [AF]	[a] Rabeprazole Sandoz [SZ]
					[a] Rabeprazole SUN [RN]	[a] Zabep [AL]
		[B]5.01	20.13	16.42	[a] Pariet [JC]	

▪ RABEPRAZOLE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.
Note The treatment must not be prescribed under this restriction for any of the following PBS-indications: (i) gastro-oesophageal reflux disease (where the word 'complex' is absent), (ii) scleroderma oesophagus, (iii) pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion, (iv) peptic ulcer, (v) eradication of **Helicobacter pylori.**
Note A standard dose proton pump inhibitor is one of: esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, rabeprazole 20 mg.
Note A low dose proton pump inhibitor includes: lansoprazole 15mg, omeprazole 10mg, pantoprazole 20mg and rabeprazole 10mg.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required

Complex gastro-oesophageal reflux disease (GORD)

Treatment Phase: One of: (1) establishment of symptom control, (2) maintenance treatment, (3) re-establishment of symptom control

Treatment criteria:

- Must be treated by a gastroenterologist; OR
- Must be treated by a surgeon with expertise in the upper gastrointestinal tract; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialists in relation to this current PBS benefit being sought, with the specialist's name documented in the patient's medical records for auditing purposes; OR

- Must be treated by a medical practitioner who has not consulted a specialist, but only if treatment continues therapy initiated under this restriction with involvement by a specialist (i.e. continuing treatment initiated for non-complex GORD does not meet this criterion), with the specialist's name documented in the patient's medical records for auditing purposes.

Clinical criteria:

- The treatment must be: (i) the sole PBS-subsidised proton pump inhibitor (PPI) for this condition, (ii) the sole strength of this PPI, (iii) the sole form of PPI, **AND**
- Patient must must have symptoms inadequately controlled with each of: (i) a standard dose proton pump inhibitor (PPI) administered once daily, (ii) a low dose PPI administered twice daily; treatment is for: (1) establishment of symptom control; OR
- Patient must be assessed for the risks/benefits of a step-down in dosing from standard dose PPI administered twice daily, with the determination being that the risks outweigh the benefits; treatment is for: (2) maintenance treatment; OR
- Patient must have trialled a step-down in dosing, yet symptoms have re-emerged/worsened; treatment is for: (3) re-establishment of symptom control; OR
- Patient must have trialled a step-down in dosing, with symptoms adequately managed with once daily dosing; treatment is for: (2) maintenance treatment, but with the quantity sought in this authority application being up to 1 pack per dispensing.

Check patient adherence to any preceding PPI treatment regimen. Exclude non-adherence as a cause of inadequate control before accessing treatment under this restriction.

rabeprazole sodium 20 mg enteric tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12286P	2	5	..	*18.16	19.46	[a] APO-Rabeprazole [TX]	[a] Parbezol [RW]
						[a] Rabeprazole Mylan [AF]	[a] Rabeprazole Sandoz [SZ]
						[a] Rabeprazole SUN [RN]	[a] Zabep [AL]
			[B]10.02	*28.18	19.46	[a] Pariet [JC]	

Combinations for eradication of Helicobacter pylori

▪ ESOMEPRAZOLE (&) CLARITHROMYCIN (&) AMOXICILLIN

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

Restricted benefit

Eradication of Helicobacter pylori

Clinical criteria:

- The condition must be associated with peptic ulcer disease.

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10759G NP	‡1	..	..	37.51	38.81	[a] ESOMEPRAZOLE SANDOZ Hp7 [SZ]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8738X NP	‡1	..	[B]3.58	41.09	38.81	[a] Nexium Hp7 [AP]

▪ DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

BELLADONNA AND DERIVATIVES, PLAIN

Belladonna alkaloids, tertiary amines

▪ ATROPINE SULFATE

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5022H DP	1	..	..	23.75	25.05	Pfizer Australia Pty Ltd [PF]

▪ ATROPINE SULFATE

Note Shared Care Model:

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

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1089H NP	1	1	..	23.75	25.05	Pfizer Australia Pty Ltd [PF]

PROPULSIVES

Propulsives

▪ DOMPERIDONE

domperidone 10 mg tablet, 25

1347X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	14.34	15.64	Motilium [JC]

▪ METOCLOPRAMIDE

metoclopramide hydrochloride 10 mg tablet, 25

1207M NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	13.23	14.53	[a] APO-Metoclopramide [TX] [a] Pramin [AF]	[a] EMEXLON [RW]
		[B]3.53	16.76	14.53	[a] Maxolon [IL]	

metoclopramide hydrochloride 10 mg tablet, 25

5151D DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	13.23	14.53	[a] APO-Metoclopramide [TX] [a] Pramin [AF]	[a] EMEXLON [RW]
		[B]3.53	16.76	14.53	[a] Maxolon [IL]	

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

1206L NP MW

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	17.79	19.09	Maxolon [IL]

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

5153F DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	17.79	19.09	Maxolon [IL]

▪ ANTIEMETICS AND ANTINAUSEANTS

ANTIEMETICS AND ANTINAUSEANTS

Serotonin (5HT3) antagonists

▪ GRANISETRON

Restricted benefit

Nausea and vomiting

Clinical criteria:

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

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

granisetron 3 mg/3 mL injection, 3 mL ampoule

8729K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	14.41	15.71	[a] Granisetron-AFT [AE] [a] Kytril [IX]	[a] Granisetron Kabi [PK]

▪ GRANISETRON

Authority required (STREAMLINED)

4092

Nausea and vomiting

Clinical criteria:

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

granisetron 3 mg/3 mL injection, 3 mL ampoule

8730L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	14.41	15.71	[a] Granisetron-AFT [AE] [a] Kytril [IX]	[a] Granisetron Kabi [PK]

▪ GRANISETRON

Authority required (STREAMLINED)

10498

Nausea and vomiting

Clinical criteria:

- The condition must be associated with radiotherapy being used to treat malignancy; OR
- The condition must be associated with oral chemotherapy being used to treat malignancy.

granisetron 2 mg tablet, 5

8873B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	56.65	41.30	Kytril [IX]

▪ GRANISETRON

Restricted benefit

Nausea and vomiting

Clinical criteria:

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

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

granisetron 2 mg tablet, 1

8728J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*29.90	31.20	Kytril [IX]

▪ NETUPITANT + PALONOSETRON

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

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

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

Authority required (STREAMLINED)

5991

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with dexamethasone, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following agents: altretamine; carmustine; cisplatin when a single dose constitutes a cycle of chemotherapy; cyclophosphamide at a dose of 1500 mg per square metre per day or greater; dacarbazine; procarbazine when a single dose constitutes a cycle of chemotherapy; streptozocin.

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

Authority required (STREAMLINED)

5994

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat breast cancer, **AND**
- The treatment must be in combination with dexamethasone, **AND**
- Patient must be scheduled to be co-administered cyclophosphamide and an anthracycline.

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

Authority required (STREAMLINED)

6937

Nausea and vomiting

Clinical criteria:

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

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

Authority required (STREAMLINED)

6879

Nausea and vomiting

Clinical criteria:

- The condition must be associated with moderately emetogenic cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes either carboplatin or oxaliplatin.

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

netupitant 300 mg + palonosetron 500 microgram capsule, 1

10731T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	116.77	41.30	Akynzeo [MF]

▪ ONDANSETRON

Authority required (STREAMLINED)

10498

Nausea and vomiting

Clinical criteria:

- The condition must be associated with radiotherapy being used to treat malignancy; OR
- The condition must be associated with oral chemotherapy being used to treat malignancy.

ondansetron 8 mg tablet, 10

1595Y NP

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1		1	..	26.47	27.77	[a] APO-Ondansetron [TX]	[a] APX-Ondansetron [TY]
						[a] Ondansetron AN [EA]	[a] Ondansetron APOTEX [GX]
						[a] Ondansetron-DRLA [RZ]	[a] Ondansetron Mylan Tablets [AF]
						[a] Ondansetron SZ [HX]	[a] Zofran [AS]
						[a] Zotren 8 [RF]	

ondansetron 4 mg tablet, 10

1594X NP

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1		1	..	21.25	22.55	[a] APO-Ondansetron [TX]	[a] APX-Ondansetron [TY]
						[a] Ondansetron AN [EA]	[a] Ondansetron APOTEX [GX]
						[a] Ondansetron-DRLA [RZ]	[a] Ondansetron Mylan Tablets [AF]
						[a] Ondansetron SZ [HX]	[a] Zofran [AS]
						[a] Zotren 4 [RF]	

▪ ONDANSETRON

Restricted benefit

Nausea and vomiting

Clinical criteria:

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

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

ondansetron 4 mg tablet, 4

8224W NP

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1		..	..	15.90	17.20	[a] APO-Ondansetron [TX]	[a] APX-Ondansetron [TY]
						[a] Ondansetron AN [EA]	[a] Ondansetron APOTEX [GX]
						[a] Ondansetron-DRLA [RZ]	[a] Ondansetron Mylan Tablets [AF]
						[a] Ondansetron SZ [HX]	[a] Zofran [AS]
						[a] Zotren 4 [RF]	

ondansetron 8 mg tablet, 4

8225X NP

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1		..	..	17.84	19.14	[a] APO-Ondansetron [TX]	[a] APX-Ondansetron [TY]
						[a] Ondansetron AN [EA]	[a] Ondansetron APOTEX [GX]
						[a] Ondansetron-DRLA [RZ]	[a] Ondansetron Mylan Tablets [AF]
						[a] Ondansetron SZ [HX]	[a] Zofran [AS]
						[a] Zotren 8 [RF]	

▪ ONDANSETRON

Authority required (STREAMLINED)

4102

Nausea and vomiting

Clinical criteria:

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

ondansetron 4 mg/5 mL oral liquid, 50 mL

8233H NP

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1		1	..	98.93	41.30	Zofran syrup 50 mL [AS]

▪ ONDANSETRON

Restricted benefit

Nausea and vomiting

Clinical criteria:

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

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

ondansetron 4 mg/5 mL oral liquid, 50 mL

9441X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	98.93	41.30	Zofran syrup 50 mL [AS]

▪ ONDANSETRON

Note Pharmaceutical benefits that have the form ondansetron tablet (orally disintegrating) 4 mg and pharmaceutical benefits that have the form ondansetron 4 mg wafer are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

10498

Nausea and vomiting

Clinical criteria:

- The condition must be associated with radiotherapy being used to treat malignancy; OR
- The condition must be associated with oral chemotherapy being used to treat malignancy.

ondansetron 4 mg orally disintegrating tablet, 10

5472B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	21.25	22.55	[a] APO-Ondansetron ODT [TX]	[a] APX-Ondansetron ODT [TY]
					[a] Ondansetron AN ODT [EA]	[a] Ondansetron Mylan ODT [AF]
					[a] Ondansetron ODT-DRLA [RZ]	[a] Ondansetron ODT GH [GQ]
					[a] Ondansetron SZ ODT [HX]	[a] Zotren ODT [RF]

ondansetron 4 mg wafer, 10

8412R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	[B]2.45	23.70	22.55	[a] Zofran Zydis [AS]

▪ ONDANSETRON

Note Pharmaceutical benefits that have the form ondansetron tablet (orally disintegrating) 8 mg and pharmaceutical benefits that have the form ondansetron 8 mg wafer are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

10498

Nausea and vomiting

Clinical criteria:

- The condition must be associated with radiotherapy being used to treat malignancy; OR
- The condition must be associated with oral chemotherapy being used to treat malignancy.

ondansetron 8 mg wafer, 10

8413T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	[B]2.45	28.92	27.77	[a] Zofran Zydis [AS]

ondansetron 8 mg orally disintegrating tablet, 10

5473C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	26.47	27.77	[a] APO-Ondansetron ODT [TX]	[a] APX-Ondansetron ODT [TY]
					[a] Ondansetron AN ODT [EA]	[a] Ondansetron Mylan ODT [AF]
					[a] Ondansetron ODT-DRLA [RZ]	[a] Ondansetron ODT GH [GQ]
					[a] Ondansetron SZ ODT [HX]	[a] Zotren ODT [RF]

▪ ONDANSETRON

Note Pharmaceutical benefits that have the form ondansetron tablet (orally disintegrating) 4 mg and pharmaceutical benefits that have the form ondansetron 4 mg wafer are equivalent for the purposes of substitution.

Note Pharmaceutical benefits that have the form ondansetron tablet (orally disintegrating) 8 mg and pharmaceutical benefits that have the form ondansetron 8 mg wafer are equivalent for the purposes of substitution.

Restricted benefit

Nausea and vomiting

Clinical criteria:

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

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

ondansetron 4 mg orally disintegrating tablet, 4

5470X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	15.90	17.20	[a] APO-Ondansetron ODT [TX]	[a] APX-Ondansetron ODT [TY]
					[a] Ondansetron AN ODT [EA]	[a] Ondansetron Mylan ODT [AF]
					[a] Ondansetron ODT-DRLA [RZ]	[a] Ondansetron ODT GH [GQ]
					[a] Ondansetron SZ ODT [HX]	[a] Zotren ODT [RF]

ondansetron 4 mg wafer, 4

8410P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	[B]2.30	18.20	17.20	[a] Zofran Zydis [AS]

ondansetron 8 mg wafer, 4

8411Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	[B]2.44	20.28	19.14	[a] Zofran Zydis [AS]

ondansetron 8 mg orally disintegrating tablet, 4

5471Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	17.84	19.14	[a] APO-Ondansetron ODT [TX]	[a] APX-Ondansetron ODT [TY]
					[a] Ondansetron AN ODT [EA]	[a] Ondansetron Mylan ODT [AF]
					[a] Ondansetron ODT-DRLA [RZ]	[a] Ondansetron ODT GH [GQ]
					[a] Ondansetron SZ ODT [HX]	[a] Zotren ODT [RF]

▪ PALONOSETRON

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

Note This drug is not PBS-subsidised for administration with oral 5-HT3 antagonists.

Restricted benefit

Nausea and vomiting

Clinical criteria:

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

palonosetron 250 microgram/5 mL injection, 5 mL vial

5295Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	43.67	41.30	Aloxi [MF]

▪ TROPISETRON

Restricted benefit

Nausea and vomiting

Clinical criteria:

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

Increased maximum quantities will be limited to a maximum of 7 days per chemotherapy cycle.

tropisetron 5 mg/5 mL injection, 5 mL ampoule

2746M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	17.06	18.36	Tropisetron-AFT [AE]

Other antiemetics

▪ APREPITANT

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

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

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

Authority required (STREAMLINED)

4211

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following agents: altretamine; carmustine; cisplatin when a single dose constitutes a cycle of chemotherapy; cyclophosphamide at a dose of 1500 mg per square metre per day or greater; dacarbazine; procarbazine when a single dose constitutes a cycle of chemotherapy; streptozocin.

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

Authority required (STREAMLINED)

4215

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat breast cancer, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone, **AND**
- Patient must be scheduled to be co-administered cyclophosphamide and an anthracycline.

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

Authority required (STREAMLINED)

6444

Nausea and vomiting

Clinical criteria:

- The condition must be associated with moderately emetogenic cytotoxic chemotherapy being used to treat malignancy, **AND**

- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must have had a prior episode of chemotherapy induced nausea or vomiting, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following intravenous chemotherapy agents: arsenic trioxide; azacitidine; cyclophosphamide at a dose of less than 1500 mg per square metre per day; cytarabine at a dose of greater than 1 g per square metre per day; dactinomycin; daunorubicin; doxorubicin; epirubicin; fotemustine; idarubicin; ifosfamide; irinotecan; melphalan; methotrexate at a dose of 250 mg to 1 g per square metre; raltitrexed.

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

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

Authority required (STREAMLINED)

6370

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes either carboplatin or oxaliplatin.

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

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

aprepitant 165 mg capsule, 1

2518M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	79.06	41.30	[a] Aprepitant APOTEX [TX]	[a] APREPITANT SCP [XC]

▪ FOSAPREPITANT

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

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

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

Authority required (STREAMLINED)

6886

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following agents: altretamine; carmustine; cisplatin when a single dose constitutes a cycle of chemotherapy; cyclophosphamide at a dose of 1500 mg per square metre per day or greater; dacarbazine; procarbazine when a single dose constitutes a cycle of chemotherapy; streptozocin.

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

Authority required (STREAMLINED)

6891

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat breast cancer, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone, **AND**
- Patient must be scheduled to be co-administered cyclophosphamide and an anthracycline.

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

Authority required (STREAMLINED)

6887

Nausea and vomiting

Clinical criteria:

- The condition must be associated with moderately emetogenic cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must have had a prior episode of chemotherapy induced nausea or vomiting, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes any 1 of the following intravenous chemotherapy agents: arsenic trioxide; azacitidine; cyclophosphamide at a dose of less than 1500 mg per square metre per day; cytarabine at a dose of greater than 1 g per square metre per day; dactinomycin; daunorubicin; doxorubicin; epirubicin; fotemustine; idarubicin; ifosfamide; irinotecan; melphalan; methotrexate at a dose of 250 mg to 1 g per square metre; raltitrexed.

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

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

Authority required (STREAMLINED)

6852

Nausea and vomiting

Clinical criteria:

- The condition must be associated with cytotoxic chemotherapy being used to treat malignancy, **AND**
- The treatment must be in combination with a 5-hydroxytryptamine receptor (5HT3) antagonist and dexamethasone on day 1 of a chemotherapy cycle, **AND**
- Patient must be scheduled to be administered a chemotherapy regimen that includes either carboplatin or oxaliplatin.

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

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

fosaprepitant 150 mg injection, 1 vial

11107N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	116.77	41.30	Emend IV [MK]

▪ PROCHLORPERAZINE

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

prochlorperazine maleate 5 mg tablet, 25

5205Y (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	13.39	14.69	[a] APO-Prochlorperazine [TX]	[a] ProCalm [RW]
					[a] Prochlorperazine GH [GQ]	[a] Stemzine [AV]
		[B]2.79	16.18	14.69	[a] Stemetil [SW]	

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

5206B (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	21.76	23.06	Stemetil [SW]

▪ PROCHLORPERAZINE

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

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

prochlorperazine maleate 5 mg tablet, 25

2893G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	13.39	14.69	[a] APO-Prochlorperazine [TX]	[a] ProCalm [RW]
					[a] Prochlorperazine GH [GQ]	[a] Stemzine [AV]
		[B]2.79	16.18	14.69	[a] Stemetil [SW]	

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

2369Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	21.76	23.06	Stemetil [SW]

▪ PROMETHAZINE

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

3374N (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*35.66	36.96	DBL Promethazine Hydrochloride [PF]

▪ BILE AND LIVER THERAPY

BILE THERAPY

Bile acids and derivatives

▪ OBETICHOLIC ACID

Caution Hepatic decompensation and failure, in some cases fatal, have been reported in post-marketing reports in patients with moderate to severe hepatic impairment when dosed incorrectly.

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

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

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

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

Note Special Pricing Arrangements apply.

Note Laboratory readings requested in this authority application must be no older than 52 weeks.

Authority required (STREAMLINED)

12138

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a gastroenterologist, (ii) a hepatologist; OR
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion, **AND**
- Patient must be undergoing continuing PBS-subsidised treatment with this drug, with treatment having commenced through one of: (i) the 'Initial treatment' listing, (ii) 'Grandfather' arrangements, **AND**
- Patient must be undergoing concurrent treatment with ursodeoxycholic acid, following this authority application; OR
- Patient must be undergoing treatment with this drug as monotherapy following this authority application, because combination treatment with ursodeoxycholic acid is not tolerated.

Clinical criteria:

- Patient must have achieved an adequate response to this drug, defined as having at least one of: (i) an alkaline phosphate (ALP) level less than 1.67 times the upper limit of normal (ULN), (ii) a reduction in the ALP reading of at least 15% compared to the baseline level provided with the initial authority application, (iii) a total bilirubin level within the normal reference range.

The improvement in the qualifying laboratory reading(s) has/have been documented in the patient's medical records.

obeticholic acid 5 mg tablet, 30

12630R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3792.22	41.30	Ocaliva [EU]

obeticholic acid 10 mg tablet, 30

12640G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3792.22	41.30	Ocaliva [EU]

▪ OBETICHOLIC ACID

Caution Hepatic decompensation and failure, in some cases fatal, have been reported in post-marketing reports in patients with moderate to severe hepatic impairment when dosed incorrectly.

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

Note In accordance with the dosing directions in the approved Product Information, the 10 mg presentation is not PBS listed for initiation of treatment.

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

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

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

Note Special Pricing Arrangements apply.

Note Laboratory readings requested in this authority application must be no older than 52 weeks.

Authority required

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a gastroenterologist, (ii) a hepatologist; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion, **AND**
- Patient must be undergoing concurrent treatment with ursodeoxycholic acid, following this authority application; OR
- Patient must be undergoing treatment with this drug as monotherapy following this authority application, because combination treatment with ursodeoxycholic acid is not tolerated.

Clinical criteria:

- Patient must have experienced an inadequate response to ursodeoxycholic acid, despite treatment with ursodeoxycholic acid for at least 52 weeks at a therapeutic dose, prior to initiating treatment with this drug; OR
- Patient must have experienced an intolerance to ursodeoxycholic acid of a severity requiring permanent treatment discontinuation, prior to initiating treatment with this drug, **AND**
- Patient must not have/be each of: (i) severe liver disease, (ii) immunocompromised, **AND**
- Patient must have an alkaline phosphatase (ALP) level of at least 1.67 times the upper limit of normal (ULN) having accounted for each of: (i) age, (ii) gender, (iii) laboratory to laboratory variances in the definition of 'normal', despite treatment with ursodeoxycholic acid for at least 52 cumulative weeks; OR
- Patient must have a total bilirubin level between 1 to 2 times the ULN, despite treatment with ursodeoxycholic acid for at least 52 cumulative weeks; OR
- Patient must have abnormal readings of at least one of: (i) alkaline phosphatase (ii) total bilirubin, in the presence of an intolerance of a severity requiring treatment discontinuation with ursodeoxycholic acid.

Population criteria:

- Patient must be aged 18 years or older.

Document and retain in the patient's medical records the qualifying baseline laboratory reading for the purpose of assessing response to treatment under the 'Continuing treatment' restriction.

obeticholic acid 5 mg tablet, 30

12623J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3792.22	41.30	Ocaliva [EU]

▪ OBETICHOLIC ACID

Caution Hepatic decompensation and failure, in some cases fatal, have been reported in post-marketing reports in patients with moderate to severe hepatic impairment when dosed incorrectly.

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

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

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

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

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

Note Special Pricing Arrangements apply.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

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

Authority required

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

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

Treatment criteria:

- Must be treated by a prescriber who is either: (i) a gastroenterologist, (ii) a hepatologist; OR
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion, **AND**
- Patient must be undergoing concurrent treatment with ursodeoxycholic acid, following this authority application; OR
- Patient must be undergoing treatment with this drug as monotherapy following this authority application, because combination treatment with ursodeoxycholic acid is not tolerated.

Clinical criteria:

- Patient must have received treatment with this drug for this PBS indication prior to 1 September 2021, **AND**
- Patient must have experienced an inadequate response to ursodeoxycholic acid, despite treatment with ursodeoxycholic acid for at least 52 weeks at a therapeutic dose, prior to initiating treatment with this drug; OR
- Patient must have experienced an intolerance to ursodeoxycholic acid of a severity requiring permanent treatment discontinuation, prior to initiating treatment with this drug, **AND**
- Patient must not have/be each of: (i) severe liver disease, (ii) immunocompromised, **AND**
- Patient must have had, prior to initiating treatment with this drug, an alkaline phosphatase (ALP) level of at least 1.67 times the upper limit of normal (ULN) having accounted for each of: (i) age, (ii) gender, (iii) laboratory to laboratory variances in the definition of 'normal', despite treatment with ursodeoxycholic acid for at least 52 cumulative weeks; OR
- Patient must have had, prior to initiating treatment with this drug, a total bilirubin level between 1 to 2 times the ULN, despite treatment with ursodeoxycholic acid for at least 52 cumulative weeks; OR
- Patient must have had, prior to initiating treatment with this drug, abnormal readings of at least one of: (i) alkaline phosphatase (ii) total bilirubin, in the presence of an intolerance of a severity requiring treatment discontinuation with ursodeoxycholic acid.

Population criteria:

- Patient must be aged 18 years or older.

Document and retain in the patient's medical records the qualifying baseline laboratory reading for the purpose of assessing response to treatment under the 'Continuing treatment' restriction.

obeticholic acid 5 mg tablet, 30

12645M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3792.22	41.30	Ocaliva [EU]

obeticholic acid 10 mg tablet, 30

12631T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3792.22	41.30	Ocaliva [EU]

▪ URSODEOXYCHOLIC ACID

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

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

Authority required (STREAMLINED)

9032

Primary biliary cholangitis (previously known as Primary biliary cirrhosis)

ursodeoxycholic acid 250 mg capsule, 100

8448P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*226.38	41.30	[a] APO-Ursodeoxycholic acid [TX]	[a] Ursodox GH [GQ]
					[a] Ursofalk [FD]	[a] Ursosan [BZ]

ursodeoxycholic acid 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11180K NP	1	2	..	294.97	41.30	Ursofalk [FD]

DRUGS FOR CONSTIPATION

DRUGS FOR CONSTIPATION

Contact laxatives

BISACODYL

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

Terminal malignant neoplasia

Restricted benefit

Anorectal congenital abnormalities

Restricted benefit

Megacolon

bisacodyl 5 mg enteric tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1259G NP	1	2	..	18.07	19.37	Lax-Tab [AE]

BISACODYL

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

Constipation

Clinical criteria:

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

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

Constipation

Clinical criteria:

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

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

Terminal malignant neoplasia

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

Anorectal congenital abnormalities

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

Megacolon

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

bisacodyl 10 mg suppository, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1258F NP	3	4	..	*22.42	23.72	Petrus Bisacodyl Suppositories [PP]

bisacodyl 10 mg suppository, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1260H NP	3	5	..	*24.70	26.00	[a] Petrus Bisacodyl Suppositories [PP]
			[B]1.29	*25.99	26.00	[a] Dulcolax [VZ]

Bulk-forming laxatives

▪ RHAMNUS FRANGULA + STERCULIA

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

Terminal malignant neoplasia

Restricted benefit

Anorectal congenital abnormalities

Restricted benefit

Megacolon

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1104D NP	‡1	1	..	26.18	27.48	Normacol Plus [NE]

Osmotically acting laxatives

▪ MACROGOL-3350

Restricted benefit

Constipation

Clinical criteria:

- Patient must have malignant neoplasia.

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

Chronic constipation

Clinical criteria:

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

Restricted benefit

Faecal impaction

Clinical criteria:

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

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3416T NP	‡1	5	..	19.65	20.95	OsmoLax [KY]

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

Restricted benefit

Constipation

Clinical criteria:

- Patient must have malignant neoplasia.

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

Chronic constipation

Clinical criteria:

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

Restricted benefit

Faecal impaction

Clinical criteria:

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

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10126Y NP	2	5	..	*22.16	23.46	Movicol Liquid [NE]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8612G NP	‡1	5	..	19.65	20.95	[a] APOHEALTH Macrogol with Electrolytes [GX]	[a] APO-MACROGOL plus ELECTROLYTES [TX]
						[a] Chemists' Own Macrogol with Electrolytes [RW]	[a] Macrovic [RF]
						[a] Molaxole [GO]	[a] Movicol [NE]

Enemas

▪ BISACODYL

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

Terminal malignant neoplasia

Restricted benefit

Anorectal congenital abnormalities

Restricted benefit

Megacolon

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1263L NP	‡1	2	..	39.49	40.79	Bisalax [AS]

▪ CITRIC ACID + LAURYL SULFOACETATE SODIUM + SORBITOL

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

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

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

Restricted benefit

Terminal malignant neoplasia

Restricted benefit

Anorectal congenital abnormalities

Restricted benefit

Megacolon

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2091C NP	2	2	..	*30.34	31.64	Micolette [AE]

▪ ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS

INTESTINAL ANTIINFECTIVES

Antibiotics

▪ NYSTATIN

nystatin 500 000 units capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1699K NP	1	..	..	21.25	22.55	Nilstat [AS]

nystatin 500 000 units capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3345C DP	1	..	..	21.25	22.55	Nilstat [AS]

nystatin 500 000 units tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1696G NP	1	..	..	21.25	22.55	Nilstat [AS]

nystatin 500 000 units tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3342X DP	1	..	..	21.25	22.55	Nilstat [AS]

▪ RIFAXIMIN

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

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

Authority required

Prevention of hepatic encephalopathy

Treatment criteria:

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

Clinical criteria:

- The treatment must be in combination with lactulose, if lactulose is tolerated, **AND**
- Patient must have had prior episodes of hepatic encephalopathy.

rifaximin 550 mg tablet, 56

10001J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	475.46	41.30	Xifaxan [NE]

▪ VANCOMYCIN

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

Authority required

Antibiotic associated pseudomembranous colitis

Clinical criteria:

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

Authority required

Antibiotic associated pseudomembranous colitis

Clinical criteria:

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

vancomycin 250 mg capsule, 20

3114X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*443.48	41.30	Vancocin [AS]

vancomycin 125 mg capsule, 20

3113W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*225.32	41.30	Vancocin [AS]

ELECTROLYTES WITH CARBOHYDRATES

Oral rehydration salt formulations

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

Restricted benefit

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

sodium chloride 470 mg + potassium chloride 300 mg (potassium 4 mmol) + glucose monohydrate 3.56 g + sodium acid citrate 530 mg powder for oral liquid, 10 x 4.9 g sachets

3196F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	16.96	18.26	O.R.S. [AF]

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

Authority required

Rehydration in intestinal failure

sodium chloride 470 mg + potassium chloride 300 mg (potassium 4 mmol) + glucose monohydrate 3.56 g + sodium acid citrate 530 mg powder for oral liquid, 10 x 4.9 g sachets

11049M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
30	..	..	*158.68	41.30	restore O.R.S. [EA]

ANTIPROPULSIVES

Antipropulsives

▪ DIPHENOXYLATE + ATROPINE SULFATE

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

2501P

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	14.15	15.45	[a] Lofenoxal [IL]
		[B]3.30	17.45	15.45	[a] Lomotil [IM]

▪ LOPERAMIDE

Authority required (STREAMLINED)

6364

Diarrhoea

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

loperamide hydrochloride 2 mg capsule, 12

1571Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	13.57	14.87	[a] Gastrex [CR]	[a] Gastro-Stop [AS]

▪ LOPERAMIDE

Authority required

Diarrhoea

loperamide hydrochloride 2 mg capsule, 12

10889D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5	..	..	*19.53	20.83	[a] Gastrex [CR]	[a] Gastro-Stop [AS]

INTESTINAL ANTIINFLAMMATORY AGENTS

Corticosteroids acting locally

▪ BUDESONIDE

Note Continuing Therapy Only:

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

budesonide 2 mg/application enema, 2 x 14 applications

10034D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	166.48	41.30	Budenofalk [FD]

▪ HYDROCORTISONE ACETATE

Note Continuing Therapy Only:

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

Restricted benefit

Proctitis

Restricted benefit

Ulcerative colitis

hydrocortisone acetate 10% enema, 21.1 g

1502C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*41.66	41.30	Colifoam [GO]

▪ PREDNISOLONE SODIUM PHOSPHATE

Note Continuing Therapy Only:

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

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

1920C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	3	..	*203.34	41.30	Predsol [AS]

▪ PREDNISOLONE SODIUM PHOSPHATE

Note Continuing Therapy Only:

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

Restricted benefit

Proctitis

Restricted benefit

Ulcerative colitis

prednisolone (as sodium phosphate) 5 mg suppository, 10

2554K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	3	..	*42.85	41.30	Predsol [AS]

Aminosalicylic acid and similar agents

▪ BALSALAZIDE

Note Not for the treatment of Crohn disease

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

Authority required (STREAMLINED)
7621
Ulcerative colitis
Clinical criteria:
- Patient must have had a documented hypersensitivity reaction to a sulphonamide; OR
- Patient must be intolerant to sulfasalazine.

balsalazide sodium 750 mg capsule, 280

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11351K NP	1	5	..	149.90	41.30	Colazide [PK]

▪ MESALAZINE

Note Not for the treatment of Crohn disease
Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Ulcerative colitis

mesalazine 1.6 g enteric tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12463Y NP	2	4	..	*236.94	41.30	Asacol [EU]

mesalazine 1.2 g modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9353G NP	2	5	..	*195.28	41.30	Mezavant [TK]

mesalazine 800 mg enteric tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11210B NP	1	5	..	94.17	41.30	Asacol [EU]

mesalazine 4 g modified release granules, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10254Q NP	1	5	..	150.72	41.30	Pentasa [FP]

mesalazine 1 g modified release granules, 100 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8599N NP	1	5	..	133.31	41.30	Salofalk [FD]

mesalazine 3 g modified release granules, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10257W NP	1	5	..	116.77	41.30	Salofalk [FD]

mesalazine 1.5 g modified release granules, 60 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9206M NP	1	5	..	116.77	41.30	Salofalk [FD]

mesalazine 500 mg modified release granules, 100 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8598M NP	2	5	..	*140.92	41.30	Salofalk [FD]

▪ MESALAZINE

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

Restricted benefit
Ulcerative colitis
Restricted benefit
Crohn disease

mesalazine 500 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8731M NP	2	5	..	*140.92	41.30	Salofalk [FD]

mesalazine 1 g modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3413P NP	2	5	..	*158.58	41.30	Pentasa [FP]

mesalazine 1 g modified release granules, 100 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12203G NP	1	5	..	133.31	41.30	Pentasa [FP]

mesalazine 500 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2214M NP	2	5	..	*140.92	41.30	Pentasa [FP]

mesalazine 250 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1611T NP	1	5	..	48.35	41.30	Mesasal [GO]

mesalazine 2 g modified release granules, 60 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2287J NP	1	5	..	150.72	41.30	Pentasa [FP]

mesalazine 1 g enteric tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11554D NP	2	5	..	*150.72	41.30	Salofalk [FD]

▪ MESALAZINE

Note Not for the treatment of Crohn disease

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

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

Note Continuing Therapy Only:

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

Restricted benefit

Acute episode of mild to moderate ulcerative proctitis

mesalazine 1 g suppository, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12198B NP	1	1	..	101.65	41.30	Pentasa [FP]

mesalazine 1 g suppository, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5461K NP	1	1	..	108.05	41.30	Salofalk [FD]

▪ MESALAZINE

Note Not for the treatment of Crohn disease

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

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

Note Continuing Therapy Only:

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

Authority required (STREAMLINED)

4888

Acute episode of mild to moderate ulcerative colitis

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8753Q NP	4	1	..	*273.02	41.30	Pentasa [FP]

mesalazine 1 g/application enema, 14 applications

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8768L NP	4	1	..	*273.02	41.30	Salofalk [FD]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8616L NP	4	1	..	*273.02	41.30	Salofalk [FD]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8617M NP	4	1	..	*366.54	41.30	Salofalk [FD]

▪ OLSALAZINE

Note Not for the treatment of Crohn disease

Note Continuing Therapy Only:

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

Authority required (STREAMLINED)

4824

Ulcerative colitis

Clinical criteria:

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

olsalazine sodium 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8086N NP	1	5	..	83.61	41.30	Dipentum [IX]

olsalazine sodium 250 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1728Y NP	1	5	..	52.69	41.30	Dipentum [IX]

▪ SULFASALAZINE

Note Continuing Therapy Only:

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

sulfasalazine 500 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2096H NP	2	5	..	*55.42	41.30	[a] Pyralin EN [FZ]
			[B]4.00	*59.42	41.30	[a] Salazopyrin-EN [PF]

sulfasalazine 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2093E NP	2	5	..	*51.44	41.30	Salazopyrin [PF]

▪ SULFASALAZINE

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

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

Restricted benefit

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

sulfasalazine 500 mg enteric tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9209Q	2	11	..	*55.42	41.30	[a] Pyralin EN [FZ]
			[B]4.00	*59.42	41.30	[a] Salazopyrin-EN [PF]

sulfasalazine 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9208P	2	11	..	*51.44	41.30	Salazopyrin [PF]

▪ DIGESTIVES, INCL. ENZYMES

DIGESTIVES, INCL. ENZYMES

Enzyme preparations

▪ PANCREATIC EXTRACT

Note Continuing Therapy Only:

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

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

pancreatic extract 10 000 units modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8020D NP	5	10	..	*144.53	41.30	Creon 10,000 [GO]

pancreatic extract 40 000 units modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9412J NP	2	10	..	*182.36	41.30	Creon 40,000 [GO]

pancreatic extract 35 000 units modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12595X NP	2	10	..	*160.46	41.30	Creon 35,000 [GO]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5453B NP	3	10	..	*112.03	41.30	Creon Micro [GO]

pancreatic extract 25 000 units modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8021E NP	2	10	..	*116.66	41.30	Creon 25,000 [GO]

▪ PANCREATIC EXTRACT

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

Restricted benefit
Cystic fibrosis
Clinical criteria:

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

pancreatic extract 10 000 units modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9226N	5	21	..	*144.53	41.30	Creon 10,000 [GO]

pancreatic extract 40 000 units modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9413K	2	21	..	*182.36	41.30	Creon 40,000 [GO]

pancreatic extract 35 000 units modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12578B	2	21	..	*160.46	41.30	Creon 35,000 [GO]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5454C	3	21	..	*112.03	41.30	Creon Micro [GO]

pancreatic extract 25 000 units modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9227P	2	21	..	*116.66	41.30	Creon 25,000 [GO]

▪ PANCRELIPASE

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

pancrelipase 25 000 units capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8366H NP	2	10	..	*109.14	41.30	Panzytrat 25000 [TM]

▪ PANCRELIPASE

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

Restricted benefit
Cystic fibrosis
Clinical criteria:

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

pancrelipase 25 000 units capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9229R	2	21	..	*109.14	41.30	Panzytrat 25000 [TM]

DRUGS USED IN DIABETES

INSULINS AND ANALOGUES

Insulins and analogues for injection, fast-acting

INSULIN ASPART

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8571D NP	5	2	..	*125.63	41.30	NovoRapid [NO]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12254Y NP	5	1	..	*211.58	41.30	NovoRapid FlexPen [NF]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8435Y NP	5	1	..	*211.58	41.30	NovoRapid Penfill 3 mL [NO]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11705C NP	5	2	..	*125.63	41.30	Fiasp [NO]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11706D NP	5	1	..	*211.58	41.30	Fiasp FlexTouch [NO]

INSULIN GLULISINE

insulin glulisine 100 units/mL injection, 5 x 3 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12268Q NP	5	1	..	*222.38	41.30	Apidra SoloStar [SW]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9224L NP	5	2	..	*131.83	41.30	Apidra [SW]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1921D NP	5	1	..	*222.38	41.30	Apidra [AV]

INSULIN LISPRO

insulin lispro 100 units/mL injection, 5 x 3 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12237C NP	5	1	..	*211.58	41.30	Humalog KwikPen [KP]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8212F NP	5	1	..	*211.58	41.30	Humalog [LY]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11645X NP	5	1	..	*416.13	41.30	Humalog U200 Kwikpen [LY]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8084L NP	5	2	..	*125.63	41.30	Humalog [LY]

▪ INSULIN NEUTRAL HUMAN

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1762R NP	5	1	..	*177.53	41.30	Actrapid Penfill 3 mL [NO]	Humulin R [LY]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1531N NP	5	2	..	*106.13	41.30	Actrapid [NO]	Humulin R [LY]

Insulins and analogues for injection, intermediate-acting

▪ INSULIN ISOPHANE HUMAN

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1761Q NP	5	1	..	*177.53	41.30	Humulin NPH [LY]	Protaphane Penfill 3 mL [NO]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12262J NP	5	1	..	*177.53	41.30	Protaphane InnoLet [NI]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1533Q NP	5	2	..	*106.13	41.30	Humulin NPH [LY]	Protaphane [NO]

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

▪ INSULIN ASPART + INSULIN ASPART PROTAMINE

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8609D NP	5	1	..	*211.58	41.30	NovoMix 30 Penfill 3 mL [NO]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12238D NP	5	1	..	*211.58	41.30	NovoMix 30 FlexPen [NF]

▪ INSULIN DEGLUDEC + INSULIN ASPART

Note Special Pricing Arrangements apply.

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11417X NP	5	1	..	*379.63	41.30	Ryzodeg Flextouch [NO]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11426J NP	5	1	..	*379.63	41.30	Ryzodeg Penfill [NO]

▪ INSULIN ISOPHANE HUMAN + INSULIN NEUTRAL HUMAN

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1763T NP	5	1	..	*177.53	41.30	Humulin 30/70 [LY]	Mixtard 30/70 Penfill 3 mL [NO]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1426C NP	5	2	..	*106.13	41.30	Humulin 30/70 [LY]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2062M NP	5	1	..	*185.88	41.30	Mixtard 50/50 Penfill 3 mL [NO]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12255B NP	5	1	..	*177.53	41.30	Mixtard 30/70 InnoLet [NI]

▪ INSULIN LISPRO + INSULIN LISPRO PROTAMINE

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

8874C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*211.58	41.30	Humalog Mix50 [LY]

NP

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

12261H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*211.58	41.30	Humalog Mix50 KwikPen [KP]

NP

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

12234X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*211.58	41.30	Humalog Mix25 KwikPen [KP]

NP

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

8390N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*211.58	41.30	Humalog Mix25 [LY]

NP

Insulins and analogues for injection, long-acting

▪ INSULIN DETEMIR

Note Special Pricing Arrangements apply.

Restricted benefit
Type 1 diabetes

insulin detemir 100 units/mL injection, 5 x 3 mL pen devices

12236B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*354.83	41.30	Levemir FlexPen [NF]

NP

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

9040T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*354.83	41.30	Levemir Penfill [NO]

NP

▪ INSULIN GLARGINE

Note Special Pricing Arrangements apply.

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

11302W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*419.48	41.30	Toujeo Solostar [SW]

NP

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

11308E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*254.58	41.30	Toujeo Solostar [SW]

NP

▪ INSULIN GLARGINE

Note Biosimilar prescribing policy Prescribing of the biosimilar brand, Semglee, is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Pharmaceutical benefits that have the brand Optisulin SoloStar 100 units/mL injection, 5 x 3 mL and pharmaceutical benefits that have the brand Semglee 100 units/mL injection, 5 x 3 mL are equivalent for the purposes of substitution.

insulin glargine 100 units/mL injection, 5 x 3 mL pen devices

11815W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5	1	..	*186.03	41.30	[a] Optisulin SoloStar [WA]	[a] Semglee [AF]

NP

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

9039R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	1	..	*186.03	41.30	Optisulin [GZ]

NP

BLOOD GLUCOSE LOWERING DRUGS, EXCL. INSULINS

Biguanides

▪ METFORMIN

metformin hydrochloride 850 mg tablet, 60

1801T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.99	16.29	[a] APO-Metformin 850 [TX] [a] Chem mart Metformin [CH] [a] FORMET 850 [RF]	[a] APX-Metformin [TY] [a] Diaformin 850 [AF] [a] Glucobete 850 [ZS]

NP

						[a] Metformin AN [EA]	[a] Metformin Sandoz [SZ]
						[a] Terry White Chemists Metformin [TW]	
			[B]4.73	19.72	16.29	[a] Diabex 850 [AL]	

metformin hydrochloride 1 g modified release tablet, 60

3439B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	16.50	17.80	[a] APO-Metformin XR 1000 [TX]	[a] Blooms the Chemist Metformin XR 1000 [IB]
						[a] Diaformin XR 1000 [AF]	[a] METEX XR [RF]
						[a] METEX XR 1000 [RW]	[a] Pharmacor Metformin XR [CR]
			[B]4.84	21.34	17.80	[a] Diabex XR 1000 [AL]	

metformin hydrochloride 500 mg tablet, 100

2430X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	14.99	16.29	[a] APO-Metformin 500 [TX]	[a] APX-Metformin [TY]
						[a] Diaformin [AF]	[a] FORMET 500 [RF]
						[a] Glucobete 500 [ZS]	[a] Metformin AN [EA]
						[a] Metformin GH [HQ]	[a] Metformin Sandoz [SZ]
			[B]4.73	19.72	16.29	[a] Diabex [AL]	

metformin hydrochloride 500 mg modified release tablet, 120

9435N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	16.50	17.80	[a] APO-Metformin XR 500 [TX]	[a] Blooms the Chemist Metformin XR 500 [IB]
						[a] Metex XR [RW]	[a] Metformin XR 500 APOTEX [GX]
						[a] Pharmacor Metformin XR [CR]	
			[B]4.84	21.34	17.80	[a] Diabex XR 500 [AL]	

metformin hydrochloride 1 g tablet, 90

8607B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	16.85	18.15	[a] APO-Metformin 1000 [TX]	[a] APX-Metformin [TY]
						[a] Diaformin 1000 [AF]	[a] Formet 1000 [RW]
						[a] Glucobete 1000 [ZS]	[a] Metformin AN [EA]
						[a] Metformin GH [HQ]	[a] Metformin Sandoz [SZ]
						[a] Sandoz Metformin [HX]	
			[B]4.87	21.72	18.15	[a] Diabex 1000 [AL]	

Sulfonylureas

▪ GLIBENCLAMIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

glibenclamide 5 mg tablet, 100

2939Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	16.51	17.81	Daonil [SW]

▪ GLICLAZIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

gliclazide 60 mg modified release tablet, 60

9302N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	19.32	20.62	[a] ARDIX GLICLAZIDE 60mg MR [RX]	[a] Pharmacor Gliclazide MR [CR]
			[B]7.62	26.94	20.62	[a] Diamicron 60mg MR [SE]	

gliclazide 80 mg tablet, 100

2449X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	17.94	19.24	[a] APO-Gliclazide [TX]	[a] APX-Gliclazide [TY]
						[a] Glyade [AF]	[a] Nidem [RW]

gliclazide 30 mg modified release tablet, 100

8535F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.11	19.41	[a] APO-Gliclazide MR [TX]	[a] Glyade MR [AF]
						[a] Pharmacor Gliclazide MR [CR]	

▪ GLIMEPIRIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

glimepiride 1 mg tablet, 30

8450R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	13.39	14.69	[a] APO-Glimepiride [TX]	[a] Aylide 1 [AF]
						[a] Diapride 1 [RW]	[a] Dimirel [AV]

						[a] Glimepiride APOTEX [GX]	[a] Glimepiride Sandoz [SZ]
			[B]2.08	15.47	14.69	[a] Amaryl [SW]	

glimepiride 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8451T							
NP	1	5	..	14.21	15.51	[a] APO-Glimepiride [TX]	[a] Aylide 2 [AF]
						[a] Diapride 2 [RW]	[a] Dimirel [AV]
						[a] Glimepiride APOTEX [GX]	[a] Glimepiride Sandoz [SZ]
			[B]2.03	16.24	15.51	[a] Amaryl [SW]	

glimepiride 4 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8452W							
NP	1	5	..	15.19	16.49	[a] APO-Glimepiride [TX]	[a] Aylide 4 [AF]
						[a] Diapride 4 [RW]	[a] Dimirel [AV]
						[a] Glimepiride APOTEX [GX]	[a] Glimepiride Sandoz [SZ]
			[B]2.03	17.22	16.49	[a] Amaryl [SW]	

glimepiride 3 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8533D							
NP	1	5	..	14.68	15.98	[a] APO-Glimepiride [TX]	[a] Aylide 3 [AF]
						[a] Diapride 3 [RW]	[a] Dimirel [AV]
						[a] Glimepiride APOTEX [GX]	[a] Glimepiride Sandoz [SZ]
			[B]2.03	16.71	15.98	[a] Amaryl [SW]	

▪ GLIPIZIDE

Caution Sulfonylureas may cause hypoglycaemia, particularly in the elderly.

glipizide 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2440K							
NP	1	5	..	23.87	25.17	[a] Melizide [AF]	[a] Minidiab [PF]

Combinations of oral blood glucose lowering drugs

▪ ALOGLIPTIN + METFORMIN

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

Authority required (STREAMLINED)

4423

Diabetes mellitus type 2

Clinical criteria:

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

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

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

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

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

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

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

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

Authority required (STREAMLINED)

4427

Diabetes mellitus type 2

Treatment Phase: Continuing

Clinical criteria:

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

alogliptin 12.5 mg + metformin hydrochloride 850 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10032B						
NP	1	5	..	59.87	41.30	Nesina Met 12.5/850 [TK]

alogliptin 12.5 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10033C						
NP	1	5	..	58.87	41.30	Nesina Met 12.5/500 [TK]

alogliptin 12.5 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10035E NP	1	5	..	60.28	41.30	Nesina Met 12.5/1000 [TK]

▪ DAPAGLIFLOZIN + METFORMIN

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

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

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

Authority required (STREAMLINED)

7498

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with a PBS-subsidised regimen of oral diabetic medicines which includes metformin and a gliptin for this condition; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

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

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

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

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

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

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

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11313K	1	5	..	58.41	41.30	Xigduo XR 10/1000 [AP]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11300R	1	5	..	59.82	41.30	Xigduo XR 5/1000 [AP]

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

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11270E	1	5	..	57.66	41.30	Xigduo XR 10/500 [AP]

▪ DAPAGLIFLOZIN + METFORMIN

Note Continuing Therapy Only:

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

Authority required (STREAMLINED)

5631

Diabetes mellitus type 2

Clinical criteria:

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

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

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

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

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

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

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

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

5739

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

5798

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

5657

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

7492

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

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

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

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

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

10515K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	58.41	41.30	Xigduo XR 10/1000 [AP]

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

10510E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	59.82	41.30	Xigduo XR 5/1000 [AP]

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

10516L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	57.66	41.30	Xigduo XR 10/500 [AP]

▪ EMPAGLIFLOZIN + LINAGLIPTIN

Note This fixed dose combination is not PBS-subsidised for use as a sole therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, an insulin, another dipeptidyl peptidase 4 inhibitor (gliptin), or another SGLT2 inhibitor.

Authority required (STREAMLINED)

7524

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and a dipeptidyl peptidase 4 inhibitor (gliptin) or a sodium-glucose co-transporter 2 (SGLT2) inhibitor; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

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

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

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

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

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

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

empagliflozin 10 mg + linagliptin 5 mg tablet, 30

11269D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	83.43	41.30	Glyxambi [BY]

empagliflozin 25 mg + linagliptin 5 mg tablet, 30

11303X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	83.43	41.30	Glyxambi [BY]

▪ EMPAGLIFLOZIN + LINAGLIPTIN

Note This fixed dose combination is not PBS-subsidised for use as a sole therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, an insulin, another dipeptidyl peptidase 4 inhibitor (gliptin), or another SGLT2 inhibitor.

Note Continuing Therapy Only:

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

Authority required (STREAMLINED)

7556

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

empagliflozin 10 mg + linagliptin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11310G NP	1	5	..	83.43	41.30	Glyxambi [BY]

empagliflozin 25 mg + linagliptin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11298P NP	1	5	..	83.43	41.30	Glyxambi [BY]

▪ EMPAGLIFLOZIN + METFORMIN

Authority required (STREAMLINED)

5953

Diabetes mellitus type 2

Clinical criteria:

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

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

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

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

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

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

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

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

7498

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with a PBS-subsidised regimen of oral diabetic medicines which includes metformin and a gliptin for this condition; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

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

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

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

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

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

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

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

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

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

empagliflozin 5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10649L	1	5	..	63.23	41.30	Jardiamet 5 mg/1000 mg [BY]

empagliflozin 12.5 mg + metformin hydrochloride 1 g tablet, 60

10640B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	63.23	41.30	Jardiamet 12.5 mg/1000 mg [BY]

empagliflozin 5 mg + metformin hydrochloride 500 mg tablet, 60

10650M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	61.71	41.30	Jardiamet 5 mg/500 mg [BY]

empagliflozin 12.5 mg + metformin hydrochloride 500 mg tablet, 60

10639Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	61.71	41.30	Jardiamet 12.5 mg/500 mg [BY]

▪ EMPAGLIFLOZIN + METFORMIN

Note Continuing Therapy Only:

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

Authority required (STREAMLINED)

5966

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

5798

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

5657

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

7492

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

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

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

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

empagliflozin 5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10627H NP	1	5	..	63.23	41.30	Jardiamet 5 mg/1000 mg [BY]

empagliflozin 12.5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10677Y NP	1	5	..	63.23	41.30	Jardiamet 12.5 mg/1000 mg [BY]

empagliflozin 5 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10626G NP	1	5	..	61.71	41.30	Jardiamet 5 mg/500 mg [BY]

empagliflozin 12.5 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10633P NP	1	5	..	61.71	41.30	Jardiamet 12.5 mg/500 mg [BY]

▪ ERTUGLIFLOZIN + METFORMIN

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), insulin, a glucagon-like peptide-1 analogue, another dipeptidyl peptidase 4 inhibitor (gliptin), or another SGLT2 inhibitor.

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

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

Authority required (STREAMLINED)

7498

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with a PBS-subsidised regimen of oral diabetic medicines which includes metformin and a gliptin for this condition; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

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

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or
(b) Had red cell transfusion within the previous 3 months.
The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of triple oral therapy with an SGLT2 inhibitor, metformin and a gliptin, must be documented in the patient's medical records.

ertugliflozin 2.5 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11564P	1	5	..	62.17	41.30	Segluromet 2.5/1000 [MK]

ertugliflozin 7.5 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11569X	1	5	..	62.17	41.30	Segluromet 7.5/1000 [MK]

ertugliflozin 7.5 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11562M	1	5	..	60.77	41.30	Segluromet 7.5/500 [MK]

ertugliflozin 2.5 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11584Q	1	5	..	60.77	41.30	Segluromet 2.5/500 [MK]

▪ ERTUGLIFLOZIN + METFORMIN

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

Authority required (STREAMLINED)
5631
Diabetes mellitus type 2
Clinical criteria:

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

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor is initiated.
The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.
Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:
(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or
(b) Had red cell transfusion within the previous 3 months.
The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.
A patient whose diabetes was previously demonstrated unable to be controlled with metformin does not need to requalify on this criterion before being eligible for PBS-subsidised treatment with this fixed dose combination.

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone), insulin or a glucagon-like peptide-1.

Authority required (STREAMLINED)
8249
Diabetes mellitus type 2
Treatment Phase: Continuing treatment
Clinical criteria:

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone), insulin or a glucagon-like peptide-1.

Authority required (STREAMLINED)
7492
Diabetes mellitus type 2
Treatment Phase: Continuing treatment
Clinical criteria:

- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), insulin, a glucagon-like peptide-1 analogue, another dipeptidyl peptidase 4 inhibitor (gliptin), or another SGLT2 inhibitor.

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

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

ertugliflozin 2.5 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11581M NP	1	5	..	62.17	41.30	Segluromet 2.5/1000 [MK]

ertugliflozin 7.5 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11563N NP	1	5	..	62.17	41.30	Segluromet 7.5/1000 [MK]

ertugliflozin 7.5 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11568W NP	1	5	..	60.77	41.30	Segluromet 7.5/500 [MK]

ertugliflozin 2.5 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11575F NP	1	5	..	60.77	41.30	Segluromet 2.5/500 [MK]

▪ ERTUGLIFLOZIN + SITAGLIPTIN

Note This fixed dose combination is not PBS-subsidised for use as a sole therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, an insulin, another dipeptidyl peptidase 4 inhibitor (gliptin), or another SGLT2 inhibitor.

Authority required (STREAMLINED)

7524

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and a dipeptidyl peptidase 4 inhibitor (gliptin) or a sodium-glucose co-transporter 2 (SGLT2) inhibitor; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

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

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

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

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

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

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

ertugliflozin 5 mg + sitagliptin 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11561L	1	5	..	77.08	41.30	Steglujan 5/100 [MK]

ertugliflozin 15 mg + sitagliptin 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11583P	1	5	..	77.08	41.30	Steglujan 15/100 [MK]

▪ ERTUGLIFLOZIN + SITAGLIPTIN

Note This fixed dose combination is not PBS-subsidised for use as a sole therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, an insulin, another dipeptidyl peptidase 4 inhibitor (gliptin), or another SGLT2 inhibitor.

Note Continuing Therapy Only:

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

Authority required (STREAMLINED)

7556

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**

- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

ertugliflozin 5 mg + sitagliptin 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11579K NP	1	5	..	77.08	41.30	Steglujan 5/100 [MK]

ertugliflozin 15 mg + sitagliptin 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11578J NP	1	5	..	77.08	41.30	Steglujan 15/100 [MK]

▪ LINAGLIPTIN + METFORMIN

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, or another dipeptidyl peptidase 4 inhibitor (gliptin).

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

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

Authority required (STREAMLINED)

7507

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with a PBS-subsidised regimen of oral diabetic medicines which includes metformin and an SGLT2 inhibitor for this condition; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

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

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

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

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

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

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

linagliptin 2.5 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11274J	1	5	..	62.22	41.30	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11282T	1	5	..	63.73	41.30	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 850 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11294K	1	5	..	63.29	41.30	Trajentamet [BY]

▪ LINAGLIPTIN + METFORMIN

Note Continuing Therapy Only:

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

Authority required (STREAMLINED)

6333

Diabetes mellitus type 2

Clinical criteria:

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

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

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

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

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

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

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

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6336

Diabetes mellitus type 2

Treatment Phase: Continuing

Clinical criteria:

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6344

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

6443

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

7530

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, or another dipeptidyl peptidase 4 inhibitor (gliptin).

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

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

linagliptin 2.5 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10038H NP	1	5	..	62.22	41.30	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 1 g tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10044P NP	1	5	..	63.73	41.30	Trajentamet [BY]

linagliptin 2.5 mg + metformin hydrochloride 850 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10045Q NP	1	5	..	63.29	41.30	Trajentamet [BY]

▪ SAXAGLIPTIN + DAPAGLIFLOZIN

Note This fixed dose combination is not PBS-subsidised for use as a sole therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, an insulin, another dipeptidyl peptidase 4 inhibitor (gliptin), or another SGLT2 inhibitor.

Authority required (STREAMLINED)

7524

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and a dipeptidyl peptidase 4 inhibitor (gliptin) or a sodium-glucose co-transporter 2 (SGLT2) inhibitor; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

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

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

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

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

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

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

saxagliptin 5 mg + dapagliflozin 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11286B	1	5	..	78.68	41.30	Qtern 5/10 [AP]

▪ SAXAGLIPTIN + DAPAGLIFLOZIN

Note This fixed dose combination is not PBS-subsidised for use as a sole therapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, an insulin, another dipeptidyl peptidase 4 inhibitor (gliptin), or another SGLT2 inhibitor.

Note Continuing Therapy Only:

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

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

Authority required (STREAMLINED)

7556

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

saxagliptin 5 mg + dapagliflozin 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11305B NP	1	5	..	78.68	41.30	Qtern 5/10 [AP]

▪ SAXAGLIPTIN + METFORMIN

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, or another dipeptidyl peptidase 4 inhibitor (gliptin).

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

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

Authority required (STREAMLINED)

7507

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with a PBS-subsidised regimen of oral diabetic medicines which includes metformin and an SGLT2 inhibitor for this condition; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

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

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

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

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

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

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

saxagliptin 2.5 mg + metformin hydrochloride 1 g modified release tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11285Y	1	5	..	60.28	41.30	Kombiglyze XR 2.5/1000 [AP]

saxagliptin 5 mg + metformin hydrochloride 1 g modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11299Q	1	5	..	58.87	41.30	Kombiglyze XR 5/1000 [AP]

saxagliptin 5 mg + metformin hydrochloride 500 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11312J	1	5	..	58.12	41.30	Kombiglyze XR 5/500 [AP]

▪ SAXAGLIPTIN + METFORMIN

Note Continuing Therapy Only:

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

Authority required (STREAMLINED)

6333

Diabetes mellitus type 2

Clinical criteria:

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

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

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

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

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

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

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

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6335

Diabetes mellitus type 2

Treatment Phase: Continuing

Clinical criteria:

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6344

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

7530

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, or another dipeptidyl peptidase 4 inhibitor (gliptin).

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

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

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saxagliptin 2.5 mg + metformin hydrochloride 1 g modified release tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10048W NP	1	5	..	60.28	41.30	Kombiglyze XR 2.5/1000 [AP]

saxagliptin 5 mg + metformin hydrochloride 1 g modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10051B NP	1	5	..	58.87	41.30	Kombiglyze XR 5/1000 [AP]

saxagliptin 5 mg + metformin hydrochloride 500 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10055F NP	1	5	..	58.12	41.30	Kombiglyze XR 5/500 [AP]

▪ SITAGLIPTIN + METFORMIN

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, or another dipeptidyl peptidase 4 inhibitor (gliptin).

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

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

Authority required (STREAMLINED)

7507

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with a PBS-subsidised regimen of oral diabetic medicines which includes metformin and an SGLT2 inhibitor for this condition; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

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

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

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

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

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

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

sitagliptin 50 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11574E	1	5	..	55.75	41.30	Janumet [MK]

sitagliptin 50 mg + metformin hydrochloride 850 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11582N	1	5	..	55.35	41.30	Janumet [MK]

sitagliptin 50 mg + metformin hydrochloride 1 g modified release tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11580L	1	5	..	55.75	41.30	Janumet XR [MK]

sitagliptin 50 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11586T	1	5	..	54.35	41.30	Janumet [MK]

sitagliptin 100 mg + metformin hydrochloride 1 g tablet: modified release, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11566R	1	5	..	54.35	41.30	Janumet XR [MK]

▪ SITAGLIPTIN + METFORMIN

Note Continuing Therapy Only:

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

Authority required (STREAMLINED)

6333

Diabetes mellitus type 2

Clinical criteria:

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

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

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

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

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

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

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

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6334

Diabetes mellitus type 2

Treatment Phase: Continuing

Clinical criteria:

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6344

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

6443

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like

peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

Note This fixed dose combination is not PBS-subsidised for use as initial therapy or in combination with a thiazolidinedione (glitazone) or a glucagon-like peptide-1.

Authority required (STREAMLINED)

7530

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This fixed dose combination is not PBS-subsidised for initiating dual oral combination treatment or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 analogue, or another dipeptidyl peptidase 4 inhibitor (gliptin).

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

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

sitagliptin 50 mg + metformin hydrochloride 1 g tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9451K NP	1	5	..	55.75	41.30	Janumet [MK]

sitagliptin 50 mg + metformin hydrochloride 850 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9450J NP	1	5	..	55.35	41.30	Janumet [MK]

sitagliptin 50 mg + metformin hydrochloride 1 g modified release tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10090C NP	1	5	..	55.75	41.30	Janumet XR [MK]

sitagliptin 50 mg + metformin hydrochloride 500 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9449H NP	1	5	..	54.35	41.30	Janumet [MK]

sitagliptin 100 mg + metformin hydrochloride 1 g tablet: modified release, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10089B NP	1	5	..	54.35	41.30	Janumet XR [MK]

▪ VILDAGLIPTIN + METFORMIN

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

Note Continuing Therapy Only:

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

Authority required (STREAMLINED)

6333

Diabetes mellitus type 2

Clinical criteria:

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

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

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

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

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

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

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

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

Authority required (STREAMLINED)

6357

Diabetes mellitus type 2

Treatment Phase: Continuing

Clinical criteria:

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

Authority required (STREAMLINED)

6344

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

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

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

6443

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

vildagliptin 50 mg + metformin hydrochloride 1 g tablet, 60

5476F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	56.69	41.30	Galvumet 50/1000 [NV]

vildagliptin 50 mg + metformin hydrochloride 850 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5475E NP	1	5	..	56.25	41.30	Galvumet 50/850 [NV]

vildagliptin 50 mg + metformin hydrochloride 500 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5474D NP	1	5	..	55.17	41.30	Galvumet 50/500 [NV]

Alpha glucosidase inhibitors

▪ ACARBOSE

acarbose 100 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8189B NP	1	5	..	35.69	36.99	[a] Acarbose Mylan [AF]	[a] GLYBOSAY [RW]

acarbose 50 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8188Y NP	1	5	..	28.76	30.06	[a] Acarbose Mylan [AF]	[a] GLYBOSAY [RW]

Thiazolidinediones

▪ PIOGLITAZONE

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), a glucagon-like peptide-1 or an SGLT2 inhibitor.

Authority required (STREAMLINED)

4363

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have a contraindication to a combination of metformin and a sulfonylurea; OR
- Patient must not have tolerated a combination of metformin and a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with either metformin or a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

Authority required (STREAMLINED)

4388

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

Authority required (STREAMLINED)

4364

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

pioglitazone 45 mg tablet, 28

8696Q (NP)

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	27.61	28.91	[a] Acpio 45 [RF] [a] Actos [EW] [a] NOUMED PIOGLITAZONE [VO] [a] Vexazone [AF]	[a] Actaze [RW] [a] APOTEX-Pioglitazone [TX] [a] Pioglitazone Sandoz [SZ]	

pioglitazone 15 mg tablet, 28

8694N (NP)

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.84	21.14	[a] Acpio 15 [RF] [a] Actos [EW] [a] Vexazone [AF]	[a] Actaze [RW] [a] APOTEX-Pioglitazone [TX]	

pioglitazone 30 mg tablet, 28

8695P (NP)

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	24.03	25.33	[a] Acpio 30 [RF] [a] Actos [EW] [a] NOUMED PIOGLITAZONE [VO] [a] Vexazone [AF]	[a] Actaze [RW] [a] APOTEX-Pioglitazone [TX] [a] Pioglitazone Sandoz [SZ]	

Dipeptidyl peptidase 4 (DPP-4) inhibitors

▪ ALOGLIPTIN

Note Alogliptin is not PBS-subsidised for use in combination with metformin and a sulfonylurea (triple oral therapy), as monotherapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 or an SGLT2 inhibitor.

Authority required (STREAMLINED)

4349

Diabetes mellitus type 2

Clinical criteria:

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

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

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

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

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

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

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

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

alogliptin 6.25 mg tablet, 28

2944Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	57.37	41.30	Nesina [TK]

alogliptin 12.5 mg tablet, 28

2933J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	57.37	41.30	Nesina [TK]

alogliptin 25 mg tablet, 28

2986E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	57.37	41.30	Nesina [TK]

▪ LINAGLIPTIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

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

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

Authority required (STREAMLINED)

7541

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and an SGLT2 inhibitor; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

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

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

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

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

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

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

linagliptin 5 mg tablet, 30

11280Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	60.60	41.30	Trajenta [BY]

▪ LINAGLIPTIN

Note Continuing Therapy Only:

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

Authority required (STREAMLINED)

6346

Diabetes mellitus type 2

Clinical criteria:

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

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

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

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

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

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

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

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

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6363

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

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

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

6376

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

7505

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

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

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

linagliptin 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3387G NP	1	5	..	60.60	41.30	Trajenta [BY]

▪ SAXAGLIPTIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

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

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

Authority required (STREAMLINED)

7541

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and an SGLT2 inhibitor; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

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

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

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

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

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

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

saxagliptin 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11311H	1	5	..	57.37	41.30	Onglyza [AP]

saxagliptin 2.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11292H	1	5	..	57.37	41.30	Onglyza [AP]

▪ SAXAGLIPTIN

Note Continuing Therapy Only:

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

Authority required (STREAMLINED)

6346

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with either metformin or a sulfonylurea; OR

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

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

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

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

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

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

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

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

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6363

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

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

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

7505

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

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

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

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saxagliptin 5 mg tablet, 28

8983T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	57.37	41.30	Onglyza [AP]

saxagliptin 2.5 mg tablet, 28

10128C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	57.37	41.30	Onglyza [AP]

▪ SITAGLIPTIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

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

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

Authority required (STREAMLINED)

7541

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and an SGLT2 inhibitor; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

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

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

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

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

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

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

sitagliptin 50 mg tablet, 28

11573D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	52.84	41.30	Januvia [MK]

sitagliptin 100 mg tablet, 28

11576G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	52.84	41.30	Januvia [MK]

sitagliptin 25 mg tablet, 28

11572C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	52.84	41.30	Januvia [MK]

▪ SITAGLIPTIN

Note Continuing Therapy Only:

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

Authority required (STREAMLINED)

6346

Diabetes mellitus type 2

Clinical criteria:

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

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

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

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

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

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

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

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

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

6363

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

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

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

6376

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

7505

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, **AND**

- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

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

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

sitagliptin 50 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9181F NP	1	5	..	52.84	41.30	Januvia [MK]

sitagliptin 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9182G NP	1	5	..	52.84	41.30	Januvia [MK]

sitagliptin 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9180E NP	1	5	..	52.84	41.30	Januvia [MK]

▪ VILDAGLIPTIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), a glucagon-like peptide-1 or an SGLT2 inhibitor.

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

Authority required (STREAMLINED)

6346

Diabetes mellitus type 2

Clinical criteria:

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

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

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

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

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

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

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

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

Authority required (STREAMLINED)

6363

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or
(b) Had red cell transfusion within the previous 3 months.

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

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

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

6376

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:
(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or
(b) Had red cell transfusion within the previous 3 months.

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

vildagliptin 50 mg tablet, 60

3415R

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	55.75	41.30	Galvus [NV]

Glucagon-like peptide-1 (GLP-1) analogues

▪ DULAGLUTIDE

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or an SGLT2 inhibitor.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7645

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- Patient must have a contraindication to a combination of metformin and a sulfonylurea; OR
- Patient must not have tolerated a combination of metformin and a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with metformin; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with metformin.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:
(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or
(b) Had red cell transfusion within the previous 3 months.

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

Authority required (STREAMLINED)

5478

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

Authority required (STREAMLINED)

5469

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- The treatment must be in combination with metformin unless contraindicated or not tolerated, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

dulaglutide 1.5 mg/0.5 mL injection, 4 x 0.5 mL pen devices

11364D

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	132.89	41.30	Trulicity [LY]

▪ EXENATIDE

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or an SGLT2 inhibitor.

Authority required (STREAMLINED)

5500

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have a contraindication to a combination of metformin and a sulfonylurea; OR
- Patient must not have tolerated a combination of metformin and a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with either metformin or a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:
(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or
(b) Had red cell transfusion within the previous 3 months.
The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

Authority required (STREAMLINED)

5478

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.
The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.
Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:
(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or
(b) Had red cell transfusion within the previous 3 months.
The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

Authority required (STREAMLINED)

5469

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- The treatment must be in combination with metformin unless contraindicated or not tolerated, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.
The HbA1c must be no more than 4 months old at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor was initiated.
Blood glucose monitoring may be used as an alternative assessment to HbA1c levels in the following circumstances:
(a) A clinical condition with reduced red blood cell survival, including haemolytic anaemias and haemoglobinopathies; and/or
(b) Had red cell transfusion within the previous 3 months.
The results of the blood glucose monitoring, which must be no more than 4 months old at the time of initiation of treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor, must be documented in the patient's medical records.

exenatide 5 microgram/0.02 mL injection, 1.2 mL pen device

3423E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	61.50	41.30	Byetta 5 microgram [AP]

NP

exenatide 10 microgram/0.04 mL injection, 2.4 mL pen device

3424F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	82.68	41.30	Byetta 10 microgram [AP]

NP

▪ SEMAGLUTIDE

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone) or an SGLT2 inhibitor.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

5500

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have a contraindication to a combination of metformin and a sulfonylurea; OR
- Patient must not have tolerated a combination of metformin and a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with either metformin or a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with either metformin or a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

Authority required (STREAMLINED)

5478

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with maximally tolerated doses of metformin and a sulfonylurea.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

Authority required (STREAMLINED)

5469

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- The treatment must be in combination with metformin unless contraindicated or not tolerated, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

semaglutide 1.34 mg/mL injection, 1 x 3 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12075M NP	‡1	5	..	132.89	41.30	Ozempic [NO]

semaglutide 1.34 mg/mL injection, 1 x 1.5 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12080T NP	‡1	5	..	132.89	41.30	Ozempic [NO]

Sodium-glucose co-transporter 2 (SGLT2) inhibitors

▪ DAPAGLIFLOZIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

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

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

Authority required (STREAMLINED)

7528

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and a gliptin; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

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

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

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

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

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

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

dapagliflozin 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11291G	1	5	..	56.91	41.30	Forxiga [AP]

▪ DAPAGLIFLOZIN

Note Continuing Therapy Only:

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

Authority required (STREAMLINED)

7506

Diabetes mellitus type 2

Clinical criteria:

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

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

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

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

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

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

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

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

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

4991

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

5629

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

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

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

7495

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

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

dapagliflozin 10 mg tablet, 28

10011X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	56.91	41.30	Forxiga [AP]

▪ EMPAGLIFLOZIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

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

Authority required (STREAMLINED)

7528

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:
- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and a gliptin; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

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

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

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

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

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

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

empagliflozin 25 mg tablet, 30

11281R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	60.10	41.30	Jardiance [BY]

empagliflozin 10 mg tablet, 30

11314L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	60.10	41.30	Jardiance [BY]

▪ EMPAGLIFLOZIN

Note Continuing Therapy Only:

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

Authority required (STREAMLINED)

7506

Diabetes mellitus type 2

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

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

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

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

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

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

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

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

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

4991

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with insulin, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor despite treatment with insulin and oral antidiabetic agents, or insulin alone where metformin is contraindicated.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Authority required (STREAMLINED)

5629

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% prior to the initiation of a dipeptidyl peptidase 4 inhibitor (gliptin), a thiazolidinedione (glitazone), a glucagon-like peptide-1 or a sodium-glucose co-transporter 2 (SGLT2) inhibitor despite treatment with optimal doses of dual oral therapy; OR
- Patient must have, or have had, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 despite treatment with optimal doses of dual oral therapy.

The date and level of the qualifying HbA1c measurement must be, or must have been, documented in the patient's medical records at the time treatment with a gliptin, a glitazone, a glucagon-like peptide-1 or an SGLT2 inhibitor is initiated.

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

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

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

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

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

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

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1.

Note PBS subsidised dual oral therapy does not include concomitant use of a combination of: a gliptin, a glitazone or an SGLT2 inhibitor.

Authority required (STREAMLINED)

7495

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**

- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), or a glucagon-like peptide-1 analogue.

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

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

empagliflozin 25 mg tablet, 30

10202Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	60.10	41.30	Jardiance [BY]

empagliflozin 10 mg tablet, 30

10206E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	60.10	41.30	Jardiance [BY]

▪ ERTUGLIFLOZIN

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), insulin or a glucagon-like peptide-1 analogue.

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

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

Authority required (STREAMLINED)

7528

Diabetes mellitus type 2

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have an HbA1c measurement greater than 7% despite treatment with dual oral combination therapy with metformin and a gliptin; OR
- Patient must have, where HbA1c measurement is clinically inappropriate, blood glucose levels greater than 10 mmol per L in more than 20% of tests over a 2 week period prior to initiation of triple oral therapy with a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin.

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

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

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

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

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

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

ertugliflozin 5 mg tablet, 28

11577H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	59.26	41.30	Steglatro 5 [MK]

ertugliflozin 15 mg tablet, 28

11570Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	59.26	41.30	Steglatro 15 [MK]

▪ ERTUGLIFLOZIN

Note Continuing Therapy Only:

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

Authority required (STREAMLINED)

7506

Diabetes mellitus type 2

Clinical criteria:

- The treatment must be in combination with metformin; OR
- The treatment must be in combination with a sulfonylurea, **AND**
- Patient must have, or have had, a HbA1c measurement greater than 7% despite treatment with either metformin or a sulfonylurea; OR

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

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

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

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

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

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

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

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

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), insulin or a glucagon-like peptide-1.

Authority required (STREAMLINED)

7495

Diabetes mellitus type 2

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be in combination with metformin, **AND**
- The treatment must be in combination with a dipeptidyl peptidase 4 inhibitor (gliptin), **AND**
- Patient must have previously received a PBS-subsidised regimen of oral diabetic medicines which included a sodium-glucose co-transporter 2 (SGLT2) inhibitor, metformin and a gliptin for this condition.

Note This drug is not PBS-subsidised for use as monotherapy or in combination with a thiazolidinedione (glitazone), insulin or a glucagon-like peptide-1 analogue.

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

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

ertugliflozin 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11585R NP	1	5	..	59.26	41.30	Steglatro 5 [MK]

ertugliflozin 15 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11571B NP	1	5	..	59.26	41.30	Steglatro 15 [MK]

VITAMINS

VITAMIN A AND D, INCL. COMBINATIONS OF THE TWO

Vitamin D and analogues

CALCITRIOL

Authority required (STREAMLINED)

5401

Hypocalcaemia

Clinical criteria:

- The condition must be due to renal disease.

Authority required (STREAMLINED)

5255

Hypoparathyroidism

Authority required (STREAMLINED)

5089

Hypophosphataemic rickets

Authority required (STREAMLINED)

5114

Vitamin D-resistant rickets

Authority required (STREAMLINED)

5402

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

calcitriol 0.25 microgram capsule, 100

2502Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	28.20	29.50	[a] APO-Calcitriol [TX]	[a] Calciprox [ZS]
					[a] Calcitriol AN [EA]	[a] CALITROL [ED]
					[a] Kosteo [RW]	[a] Sical [AF]
		[B]2.29	30.49	29.50	[a] Rocaltrol [IX]	

VITAMIN B1, PLAIN AND IN COMBINATION WITH VITAMIN B6 AND B12

Vitamin B1, plain

▪ THIAMINE

Authority required (STREAMLINED)

5139

Thiamine deficiency

Clinical criteria:

- The treatment must be for prophylaxis.

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

thiamine hydrochloride 100 mg tablet, 100

1070H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	16.11	17.41	Betavit [PP]

▪ MINERAL SUPPLEMENTS

CALCIUM

Calcium

▪ CALCIUM

Authority required (STREAMLINED)

4586

Hyperphosphataemia

Clinical criteria:

- The condition must be associated with chronic renal failure.

calcium carbonate 1.5 g (calcium 600 mg) tablet, 240

3117C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	23.22	24.52	Calci-Tab 600 [AE]

calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120

11726E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*27.94	29.24	Cal-500 [PP]

POTASSIUM

Potassium

▪ POTASSIUM CHLORIDE

potassium chloride 600 mg (potassium 8 mmol) modified release tablet, 200

1841X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	23.91	25.21	Span-K [AS]

▪ POTASSIUM CHLORIDE + POTASSIUM BICARBONATE + POTASSIUM CARBONATE

potassium chloride 595 mg + potassium bicarbonate 384 mg + potassium carbonate 152 mg (total potassium 14 mmol) effervescent tablet, 60

3012M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	24.44	25.74	Chlorvescent [AS]

OTHER MINERAL SUPPLEMENTS

Magnesium

▪ MAGNESIUM

Authority required (STREAMLINED)

5506

Hypomagnesaemia

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Authority required (STREAMLINED)

5466

Chronic renal disease

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

magnesium 37.4 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5146W	1	5	..	18.10	19.40	MagMin (PBS) [BB]	Mag-Sup [PP]
NP							

OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS

OTHER ALIMENTARY TRACT AND METABOLISM PRODUCTS

Amino acids and derivatives

BETAINE

Authority required

Homocystinuria

Clinical criteria:

- The treatment must be as adjunctive therapy to current standard care, **AND**
- The condition must be treated by or in consultation with a metabolic physician.

The name of the specialist must be included in the authority application.

betaine 1 g/g powder for oral liquid, 180 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10119N	‡1	5	..	547.83	41.30	Cystadane [RJ]

Various alimentary tract and metabolism products

SAPROPTERIN

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

Authority required

Hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician.

Clinical criteria:

- Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured.

sapropterin dihydrochloride 500 mg powder for oral liquid, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11970B	1	5	..	4246.22	41.30	Kuvan [IO]
NP						

SAPROPTERIN

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

Authority required

Hyperphenylalaninaemia

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician.

Clinical criteria:

- Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured.

sapropterin dihydrochloride 100 mg soluble tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10087X NP	6	5	..	*5063.20	41.30	Kuvan [IO]

▪ SAPROPTERIN

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

Note Patient will be eligible for a maximum of one PBS-subsidised prescription as initial therapy to enable their response to treatment with sapropterin to be assessed.

Authority required

Hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a metabolic physician.

Clinical criteria:

- Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency.

Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured.

sapropterin dihydrochloride 500 mg powder for oral liquid, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11973E	1	..	..	4246.22	41.30	Kuvan [IO]

▪ SAPROPTERIN

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

Note Patient will be eligible for a maximum of one PBS-subsidised prescription as initial therapy to enable their response to treatment with sapropterin to be assessed.

Authority required

Hyperphenylalaninaemia

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a metabolic physician.

Clinical criteria:

- Patient must have hyperphenylalaninaemia (HPA) due to tetrahydrobiopterin (BH4) deficiency.

Patient must have documented tetrahydrobiopterin (BH4) deficiency using tests for BH4 loading and/or urine pterin metabolites, blood spot dihydropteridine reductase (DHPR) and have cerebrospinal fluid neurotransmitter metabolites measured.

sapropterin dihydrochloride 100 mg soluble tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10086W	6	..	..	*5063.20	41.30	Kuvan [IO]

▪ SAPROPTERIN

Note Special Pricing Arrangements apply.

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

Note Patient will be eligible for a maximum of one PBS-subsidised prescription as initial therapy to enable their response to treatment with sapropterin to be assessed.

Authority required

Hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Initial treatment - responsiveness testing

Treatment criteria:

- Must be treated by a metabolic physician.

Clinical criteria:

- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have a baseline blood phenylalanine level above 360 micromole per L and be less than one month of age; OR
- Patient must have a baseline blood phenylalanine level above 600 micromole per L and be more than one month of age, **AND**
- The treatment must be for the purpose of initial responsiveness testing for a period of 24 hours in a patient less than one month of age; OR
- The treatment must be for the purpose of initial responsiveness testing for a period of 7 days in a patient aged more than one month.

Population criteria:

- Patient must be under 18 years of age.

Dietary phenylalanine intake must be maintained at a constant level.

Patients or their parent/guardian should be assessed for their ability to comply with the sapropterin protocol and PKU diet prior to conducting initial responsiveness testing.

sapropterin dihydrochloride 100 mg soluble tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11676M	3	..	..	*2585.14	41.30	Kuvan [IO]

sapropterin dihydrochloride 500 mg powder for oral liquid, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11971C	1	..	..	4246.22	41.30	Kuvan [IO]

▪ SAPROPTERIN

Note Special Pricing Arrangements apply.

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

Authority required

Hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment under the Initial treatment - responsiveness testing restriction with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment with this drug of greater than or equal to a 30% reduction in phenylalanine levels from baseline during initial responsiveness testing.

Population criteria:

- Patient must have been under 18 years of age at the time treatment with this drug was initiated for this condition.

Blood phenylalanine levels must be based on measurements taken during stable periods of the condition.

Dietary phenylalanine intake must be maintained at a constant level.

Authority required

Hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Subsequent continuing

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must be undergoing regular phenylalanine testing and assessment of adherence to dietary modifications.

Population criteria:

- Patient must have been under 18 years of age at the time treatment with this drug was initiated for this condition.

sapropterin dihydrochloride 100 mg soluble tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11691H (NP)	6	5	..	*5063.20	41.30	Kuvan [IO]

▪ SAPROPTERIN

Note Special Pricing Arrangements apply.

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

Note Request an appropriate maximum quantity based on testing response to treatment for 7 days, with the number of packs being a whole number, based on dosing no greater than 20 mg/kg per day. Combinations of the sachets and tablets are permitted to reduce high tablet burden.

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

Authority required

Maternal hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Initial treatment - responsiveness testing

Clinical criteria:

- The treatment must be for the purpose of ascertaining the patient's response to treatment over a period of 7 days, with the intent to then use the drug to control phenylalanine levels under the treatment phase: 'Pre-conception through to when pregnancy first becomes known'; OR
- The treatment must be for the purpose of ascertaining the patient's response to treatment over a period of 7 days in an existing, unplanned pregnancy, **AND**
- Patient must have a baseline blood phenylalanine level above 250 micromol/L prior to commencing treatment with this drug despite best efforts to rely on dietary modifications to control phenylalanine levels.

Treatment criteria:

- Must be treated by a metabolic physician, **AND**
- Patient must be undergoing treatment with this drug for the first time, **AND**
- Patient must not be undergoing treatment with this drug under this Treatment phase, more than once per lifetime following completion of this authority application, **AND**
- Patient must not be undergoing simultaneous treatment with this drug under another PBS-listing (apply under either listing type, but not both simultaneously).

sapropterin dihydrochloride 100 mg soluble tablet, 30

12579C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	874.40	41.30	Kuvan [IO]

sapropterin dihydrochloride 500 mg powder for oral liquid, 30 sachets

12570N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	4246.22	41.30	Kuvan [IO]

▪ SAPROPTERIN

Note Special Pricing Arrangements apply.

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

Note Request an appropriate maximum quantity (with the number of packs being a whole number) to provide approximately 30 days treatment duration per dispensing, based on dosing no greater than 20 mg/kg per day.

Authority required

Maternal hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Pre-conception through to when pregnancy first becomes known

Clinical criteria:

- Patient must have demonstrated an adequate response to treatment with this drug at least once in a lifetime, with an adequate response defined as a reduction in phenylalanine levels from baseline during initial responsiveness testing of no less than 30%.

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician, **AND**
- Patient must not be undergoing treatment with this drug under this Treatment phase, following completion of this authority application, for more than 13 cumulative months (assuming 1 month consists of 30 days), **AND**
- Patient must not be undergoing simultaneous treatment with this drug under another non-maternal PBS-listing (apply under either listing type, but not both simultaneously).

Population criteria:

- Patient must be actively trying to conceive.

Note No increase in the maximum number of repeats may be authorised.

Note This PBS listing intends to subsidise up to 13 cumulative months (assuming 1 month consists of 30 days) of treatment during the pre-conception phase per known pregnancy. The time taken to conceive can vary for each patient, but where this treatment phase of 'pre-conception through to when pregnancy becomes first known' exceeds a cumulative 13 months, continued treatment beyond this time up to the point of conception, is not PBS subsidised.
13 cumulative months comprises of the time taken to achieve desired phenylalanine level control and the time taken for pregnancy to become known (e.g. If it takes 3 months to reach desired phenylalanine level control, 10 months of PBS-subsidised treatment remain in which to achieve pregnancy; if it takes only 1 month to reach desired phenylalanine level control, 12 months of PBS-subsidised treatment remain in which to achieve pregnancy)

Authority required

Maternal hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Existing pregnancy to birth

Population criteria:

- Patient must be pregnant.

Clinical criteria:

- Patient must have demonstrated an adequate response to treatment with this drug at least once in a lifetime, with an adequate response defined as a reduction in phenylalanine levels from baseline during initial responsiveness testing of no less than 30%.

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician, **AND**
- Patient must not be undergoing further treatment with this drug as a PBS benefit, post-partum in the absence of actively trying to conceive a subsequent child/a known subsequent pregnancy, **AND**
- Patient must not be undergoing simultaneous treatment with this drug under another non-maternal PBS-listing (apply under either listing type, but not both simultaneously).

Note Request an appropriate number of repeats (whole number) relative to the expected birth date such that treatment is not continued post-partum by a whole prescription quantity. If the expected birth date is within the next 30 days at the time of the authority application, do not request repeats.

Note This PBS listing intends to subsidise treatment only whilst the patient is pregnant. Treatment is to be discontinued upon birth under this listing. Whilst a patient may benefit from continued treatment post-partum, continued treatment with this drug post-partum is not PBS subsidised in the absence of actively trying to conceive again/a known subsequent pregnancy.

sapropterin dihydrochloride 100 mg soluble tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12569M NP	1	5	..	874.40	41.30	Kuvan [IO]

▪ SAPROPTERIN

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment under the Initial treatment - responsiveness testing restriction with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment with this drug of greater than or equal to a 30% reduction in phenylalanine levels from baseline during initial responsiveness testing.

Population criteria:

- Patient must have been under 18 years of age at the time treatment with this drug was initiated for this condition.

Blood phenylalanine levels must be based on measurements taken during stable periods of the condition.

Dietary phenylalanine intake must be maintained at a constant level.

Authority required

Hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Subsequent continuing

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must be undergoing regular phenylalanine testing and assessment of adherence to dietary modifications.

Population criteria:

- Patient must have been under 18 years of age at the time treatment with this drug was initiated for this condition.

Authority required

Maternal hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Pre-conception through to when pregnancy first becomes known

Clinical criteria:

- Patient must have demonstrated an adequate response to treatment with this drug at least once in a lifetime, with an adequate response defined as a reduction in phenylalanine levels from baseline during initial responsiveness testing of no less than 30%.

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician, **AND**
- Patient must not be undergoing treatment with this drug under this Treatment phase, following completion of this authority application, for more than 13 cumulative months (assuming 1 month consists of 30 days), **AND**
- Patient must not be undergoing simultaneous treatment with this drug under another non-maternal PBS-listing (apply under either listing type, but not both simultaneously).

Population criteria:

- Patient must be actively trying to conceive.

Note Request an appropriate maximum quantity (with the number of packs being a whole number) to provide approximately 30 days treatment duration per dispensing, based on dosing no greater than 20 mg/kg per day.

Note No increase in the maximum number of repeats may be authorised.

Note This PBS listing intends to subsidise up to 13 cumulative months (assuming 1 month consists of 30 days) of treatment during the pre-conception phase per known pregnancy. The time taken to conceive can vary for each patient, but where this treatment phase of 'pre-conception through to when pregnancy becomes first known' exceeds a cumulative 13 months, continued treatment beyond this time up to the point of conception, is not PBS subsidised.
13 cumulative months comprises of the time taken to achieve desired phenylalanine level control and the time taken for pregnancy to become known (e.g. If it takes 3 months to reach desired phenylalanine level control, 10 months of PBS-

subsidised treatment remain in which to achieve pregnancy; if it takes only 1 month to reach desired phenylalanine level control, 12 months of PBS-subsidised treatment remain in which to achieve pregnancy)

Authority required

Maternal hyperphenylalaninaemia (HPA) due to phenylketonuria (PKU)

Treatment Phase: Existing pregnancy to birth

Population criteria:

- Patient must be pregnant.

Clinical criteria:

- Patient must have demonstrated an adequate response to treatment with this drug at least once in a lifetime, with an adequate response defined as a reduction in phenylalanine levels from baseline during initial responsiveness testing of no less than 30%.

Treatment criteria:

- Must be treated by a metabolic physician; OR
- Must be treated by a nurse practitioner experienced in the treatment of phenylketonuria in consultation with a metabolic physician, **AND**
- Patient must not be undergoing further treatment with this drug as a PBS benefit, post-partum in the absence of actively trying to conceive a subsequent child/a known subsequent pregnancy, **AND**
- Patient must not be undergoing simultaneous treatment with this drug under another non-maternal PBS-listing (apply under either listing type, but not both simultaneously).

Note Request an appropriate maximum quantity (with the number of packs being a whole number) to provide approximately 30 days treatment duration per dispensing, based on dosing no greater than 20 mg/kg per day.

Note Request an appropriate number of repeats (whole number) relative to the expected birth date such that treatment is not continued post-partum by a whole prescription quantity. If the expected birth date is within the next 30 days at the time of the authority application, do not request repeats.

Note This PBS listing intends to subsidise treatment only whilst the patient is pregnant. Treatment is to be discontinued upon birth under this listing. Whilst a patient may benefit from continued treatment post-partum, continued treatment with this drug post-partum is not PBS subsidised in the absence of actively trying to conceive again/a known subsequent pregnancy.

sapropterin dihydrochloride 500 mg powder for oral liquid, 30 sachets

11983Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4246.22	41.30	Kuvan [IO]

▪ SODIUM PHENYLBUTYRATE

Authority required (STREAMLINED)

9993

Urea cycle disorders

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have elevated ammonia levels that are not controlled with diet alone and other adjunct care alone.

An increase in the maximum quantity will be authorised to provide for up to one month's supply at a dose of up to 600 mg/kg/day in patients weighing less than 20 kg and up to 13 g/m^2/day in patients weighing more than 20 kg.

Authority required (STREAMLINED)

9919

Urea cycle disorders

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

An increase in the maximum quantity will be authorised to provide for up to one month's supply at a dose of up to 600 mg/kg/day in patients weighing less than 20 kg and up to 13 g/m^2/day in patients weighing more than 20 kg.

sodium phenylbutyrate 483 mg/g granules, 174 g

11865L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*1638.94	41.30	Pheburane [OH]

▪ BLOOD AND BLOOD FORMING ORGANS

▪ ANTITHROMBOTIC AGENTS

ANTITHROMBOTIC AGENTS

Vitamin K antagonists

▪ WARFARIN

Caution The listed brands have NOT been shown to be bioequivalent and should not be interchanged.

warfarin sodium 5 mg tablet, 50

2211J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	17.49	18.79	Coumadin [GO]	Marevan [GT]

warfarin sodium 2 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2209G NP	1	2	..	17.02	18.32	Coumadin [GO]

warfarin sodium 3 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2844Q NP	1	2	..	17.08	18.38	Marevan [GT]

warfarin sodium 1 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2843P NP	1	2	..	16.84	18.14	Coumadin [GO]	Marevan [GT]

Heparin group

▪ ENOXAPARIN SODIUM

enoxaparin sodium 20 mg/0.2 mL injection, 10 x 0.2 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8558K NP	2	1	..	*84.30	41.30	Clexane Safety-Lock [AV]

enoxaparin sodium 60 mg/0.6 mL injection, 10 x 0.6 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8262W NP	1	1	..	81.94	41.30	Clexane Safety-Lock [AV]

enoxaparin sodium 100 mg/mL injection, 10 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8264Y NP	1	1	..	110.57	41.30	Clexane Safety-Lock [AV]

enoxaparin sodium 40 mg/0.4 mL injection, 10 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8510X NP	2	1	..	*92.78	41.30	Clexane Safety-Lock [AV]

enoxaparin sodium 80 mg/0.8 mL injection, 10 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8263X NP	1	1	..	86.35	41.30	Clexane Safety-Lock [AV]

▪ ENOXAPARIN SODIUM

Restricted benefit

Haemodialysis

enoxaparin sodium 20 mg/0.2 mL injection, 10 x 0.2 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8716R NP	2	3	..	*84.30	41.30	Clexane Safety-Lock [AV]

enoxaparin sodium 60 mg/0.6 mL injection, 10 x 0.6 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8640R NP	2	3	..	*153.78	41.30	Clexane Safety-Lock [AV]

enoxaparin sodium 100 mg/mL injection, 10 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5435C NP	2	3	..	*213.90	41.30	Clexane Safety-Lock [AV]

enoxaparin sodium 40 mg/0.4 mL injection, 10 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8639Q NP	2	3	..	*92.78	41.30	Clexane Safety-Lock [AV]

enoxaparin sodium 80 mg/0.8 mL injection, 10 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5434B NP	2	3	..	*163.04	41.30	Clexane Safety-Lock [AV]

▪ HEPARIN

heparin sodium 5000 units/5 mL injection, 50 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1463B NP	1	5	..	73.30	41.30	Pfizer Australia Pty Ltd [PF]

heparin sodium 5000 units/0.2 mL injection, 5 x 0.2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1466E NP	1	5	..	24.40	25.70	DBL Heparin Sodium [PF]

Platelet aggregation inhibitors excl. heparin

▪ ASPIRIN

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

aspirin 100 mg tablet, 112

8202Q

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	14.20	15.50	Spren 100 [OW]

▪ CLOPIDOGREL

Note Not for prophylaxis of deep vein thrombosis or peripheral arterial disease.

Note Pharmaceutical benefits that have the forms clopidogrel tablet 75 mg (as besilate) and clopidogrel tablet 75 mg (as hydrogen sulfate) are equivalent for the purposes of substitution.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4166

Acute coronary syndrome (myocardial infarction or unstable angina)

Clinical criteria:

- The treatment must be in combination with aspirin.

Authority required (STREAMLINED)

4165

Cardiac stent insertion

Clinical criteria:

- The treatment must be in combination with aspirin, **AND**
- The treatment must follow insertion of a cardiac stent.

clopidogrel 75 mg tablet, 28

2275R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.29	17.59	[a] BTC Clopidogrel [JB]	[a] Clopidogrel APOTEX [GX]
					[a] Clopidogrel GH [GQ]	[a] Clovix 75 [RW]
					[a] Plidogrel [RF]	

clopidogrel 75 mg tablet, 28

9317J

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.29	17.59	[a] APO-Clopidogrel [TX]	[a] Blooms the Chemist Clopidogrel [IB]
					[a] Clopidogrel Sandoz [SZ]	[a] Clopidogrel Sandoz Pharma [HX]
					[a] Clopidogrel Winthrop [WA]	[a] Iscover [AV]
					[a] Piax [AF]	

▪ CLOPIDOGREL

Note Pharmaceutical benefits that have the forms clopidogrel tablet 75 mg (as besilate) and clopidogrel tablet 75 mg (as hydrogen sulfate) are equivalent for the purposes of substitution.

Note Not for prophylaxis of deep vein thrombosis or peripheral arterial disease.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5517

Prevention of recurrence of myocardial infarction or unstable angina

Clinical criteria:

- Patient must have a history of symptomatic cardiac ischaemic events while on therapy with low-dose aspirin.

Authority required (STREAMLINED)

5524

Prevention of recurrence of myocardial infarction or unstable angina

Clinical criteria:

- Patient must be in one whom low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding.

Authority required (STREAMLINED)

5525

Prevention of recurrence of myocardial infarction or unstable angina

Clinical criteria:

- Patient must have a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates, or non-steroidal anti-inflammatory drugs (NSAIDs).

Authority required (STREAMLINED)

5459

Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events

Clinical criteria:

- Patient must have a history of symptomatic cerebrovascular ischaemic episodes while on therapy with low-dose aspirin.

Authority required (STREAMLINED)

5436

Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events

Clinical criteria:

- Patient must be in one whom low-dose aspirin poses an unacceptable risk of gastrointestinal bleeding.

Authority required (STREAMLINED)

5508

Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events

Clinical criteria:

- Patient must have a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates, or non-steroidal anti-inflammatory drugs (NSAIDs).

clopidogrel 75 mg tablet, 28

8358X

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.29	17.59	[a] APO-Clopidogrel [TX]	[a] Blooms the Chemist Clopidogrel [IB]
					[a] Clopidogrel Sandoz [SZ]	[a] Clopidogrel Sandoz Pharma [HX]
					[a] Clopidogrel Winthrop [WA]	[a] Iscover [AV]
					[a] Piax [AF]	[a] Plavicor 75 [CR]

clopidogrel 75 mg tablet, 28

9354H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.29	17.59	[a] BTC Clopidogrel [JB]	[a] Clopidogrel APOTEX [GX]
					[a] Clopidogrel GH [GQ]	[a] Clovix 75 [RW]
					[a] Plidogrel [RF]	

▪ CLOPIDOGREL + ASPIRIN

Note Not for prophylaxis of deep vein thrombosis or peripheral arterial disease.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5488

Acute coronary syndrome (myocardial infarction or unstable angina)

Authority required (STREAMLINED)

5443

Cardiac stent insertion

Clinical criteria:

- The treatment must follow insertion of a cardiac stent.

Authority required (STREAMLINED)

5517

Prevention of recurrence of myocardial infarction or unstable angina

Clinical criteria:

- Patient must have a history of symptomatic cardiac ischaemic events while on therapy with low-dose aspirin.

clopidogrel 75 mg + aspirin 100 mg tablet, 30

9296G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.56	17.86	[a] APO-Clopidogrel/Aspirin 75/100 [TX]	[a] APX-Clopidogrel/Aspirin 75/100 [TY]
					[a] CLOPIDOGREL/ASPIRIN AN 75/100 [ED]	[a] Clopidogrel Winthrop plus aspirin [WA]
					[a] CoPlavix [SW]	[a] DuoCover [AV]
					[a] DuoPlidogrel [GZ]	[a] Piax Plus Aspirin [AF]

▪ DIPYRIDAMOLE + ASPIRIN

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Prevention of recurrence of ischaemic stroke or transient cerebral ischaemic events

dipyridamole 200 mg + aspirin 25 mg modified release capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8382E NP	1	5	..	34.56	35.86	Diasp SR [RW]

▪ EPTIFIBATIDE

Authority required (STREAMLINED)

6435

Coronary artery disease

Treatment criteria:

- Patient must be undergoing non-urgent percutaneous intervention with intracoronary stenting.

eptifibatide 20 mg/10 mL injection, 10 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8683B	2	..	..	*210.16	41.30	Integrilin [MK]

eptifibatide 75 mg/100 mL injection, 100 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8684C	3	..	..	*837.28	41.30	Integrilin [MK]

▪ TICAGRELOR

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5746

Acute coronary syndrome (myocardial infarction or unstable angina)

Clinical criteria:

- The treatment must be in combination with aspirin.

ticagrelor 90 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1418P NP	1	5	..	136.37	41.30	Brilinta [AP]

▪ TIROFIBAN

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5782

High risk of unstable angina

Clinical criteria:

- Patient must have new transient or persistent ST-T ischaemic changes, **AND**
- Patient must have pain lasting longer than 20 minutes.

Authority required (STREAMLINED)

5809

High risk of unstable angina

Clinical criteria:

- Patient must have new transient or persistent ST-T ischaemic changes, **AND**
- Patient must have repetitive episodes of angina at rest or during minimal exercise in the previous 12 hours.

Authority required (STREAMLINED)

5691

Non-Q-wave myocardial infarction

tirofiban 12.5 mg/50 mL injection, 50 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8350L NP	1	2	..	213.11	41.30	[a] Aggrastat [AS]	[a] Tirofiban Juno [JU]

Enzymes

▪ RETEPLASE

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Acute myocardial infarction

Clinical criteria:

- The treatment must be administered within 6 hours of the onset of attack.

reteplase 10 units (17.4 mg) injection [2 x 10 unit vials] (&) inert substance diluent [2 x 10 mL syringes], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8253J NP	‡1	..	..	1701.94	41.30	Rapilysin 10 U [TB]

▪ TENECTEPLASE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Acute myocardial infarction

Clinical criteria:

- The treatment must be administrated within 12 hours of onset of attack.

tenecteplase 40 mg injection [1 vial] (&) inert substance diluent [8 mL syringe], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8526R NP	1	..	..	1873.79	41.30	Metalyse [BY]

tenecteplase 50 mg injection [1 vial] (&) inert substance diluent [10 mL syringe], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8527T NP	1	..	..	1969.86	41.30	Metalyse [BY]

Direct thrombin inhibitors

▪ BIVALIRUDIN

Authority required (STREAMLINED)

4919

Coronary artery disease

Treatment criteria:

- Patient must be undergoing percutaneous coronary intervention.

bivalirudin 250 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8844L	1	..	..	474.34	41.30	Bivalirudin APOTEX [TX]

▪ DABIGATRAN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4402

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 30 days supply to complete a course of treatment.

dabigatran etexilate 110 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9321N NP	1	..	..	81.62	41.30	Pradaxa [BY]

dabigatran etexilate 75 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9320M NP	1	..	..	100.91	41.30	Pradaxa [BY]

▪ DABIGATRAN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4369

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 20 days supply to complete a course of treatment.

dabigatran etexilate 75 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9318K NP	2	1	..	*41.70	41.30	Pradaxa [BY]

dabigatran etexilate 110 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9319L NP	2	1	..	*35.26	36.56	Pradaxa [BY]

▪ DABIGATRAN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4381

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total knee replacement.

Clinical criteria:

- Patient must require up to 10 days of therapy.

dabigatran etexilate 75 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9322P NP	2	..	..	*41.70	41.30	Pradaxa [BY]

dabigatran etexilate 110 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9323Q NP	2	..	..	*35.26	36.56	Pradaxa [BY]

▪ DABIGATRAN

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4269

Prevention of stroke or systemic embolism

Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;

(iii) hypertension;

(iv) diabetes mellitus;

(v) heart failure and/or left ventricular ejection fraction 35% or less.

dabigatran etexilate 110 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2753X NP	1	5	..	81.62	41.30	Pradaxa [BY]

dabigatran etexilate 150 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2769R NP	1	5	..	81.63	41.30	Pradaxa [BY]

Direct factor Xa inhibitors

▪ APIXABAN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4402

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 30 days supply to complete a course of treatment.

apixaban 2.5 mg tablet, 60

5061J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	93.91	41.30	Eliquis [BQ]

▪ APIXABAN

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

4098

Deep vein thrombosis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority required (STREAMLINED)

5098

Pulmonary embolism

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic pulmonary embolism.

apixaban 5 mg tablet, 28

10414D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	50.27	41.30	Eliquis [BQ]

▪ APIXABAN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4382

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total knee replacement.

Clinical criteria:

- Patient must require up to 15 days of therapy.

Authority required (STREAMLINED)

4409

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 15 days supply to complete a course of treatment.

apixaban 2.5 mg tablet, 30

5054B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	53.00	41.30	Eliquis [BQ]

NP

▪ APIXABAN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4381

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total knee replacement.

Clinical criteria:

- Patient must require up to 10 days of therapy.

Authority required (STREAMLINED)

4359

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 10 days supply to complete a course of treatment.

apixaban 2.5 mg tablet, 20

5500L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	39.36	40.66	Eliquis [BQ]

NP

▪ APIXABAN

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

4269

Prevention of stroke or systemic embolism

Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;

(iii) hypertension;

(iv) diabetes mellitus;

(v) heart failure and/or left ventricular ejection fraction 35% or less.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4132

Prevention of recurrent venous thromboembolism

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a history of venous thromboembolism.

apixaban 2.5 mg tablet, 60

2744K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	93.91	41.30	Eliquis [BQ]

NP

▪ APIXABAN

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)
4269
Prevention of stroke or systemic embolism
Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:
(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;
(ii) age 75 years or older;
(iii) hypertension;
(iv) diabetes mellitus;
(v) heart failure and/or left ventricular ejection fraction 35% or less.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)
4099
Deep vein thrombosis
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority required (STREAMLINED)
5083
Pulmonary embolism
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have confirmed acute symptomatic pulmonary embolism.

apixaban 5 mg tablet, 60

2735Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	93.91	41.30	Eliquis [BQ]

▪ RIVAROXABAN

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)
11013
Chronic stable atherosclerotic disease
Treatment Phase: Initial treatment
Clinical criteria:

- The treatment must be in combination with aspirin, but not with any other anti-platelet therapy, **AND**
- Patient must have a diagnosis of coronary artery disease in addition to at least one of the following risk factors: (i) diagnosed heart failure (left ventricular ejection fraction of at least 30% but less than 50%) (ii) diagnosed kidney disease classified by an eGFR in the range of 15-60 mL/min (iii) diabetes mellitus combined with at least one of the following: (a) age at least 60 years (b) concomitant microalbuminuria (c) Aboriginal/Torres Strait Islander descent; OR
- Patient must have a diagnosis of peripheral artery disease in addition to at least one of the following risk factors: (i) concomitant coronary artery disease (ii) diagnosed heart failure (left ventricular ejection fraction of at least 30% but less than 50%) (iii) diagnosed kidney disease classified by an eGFR in the range of 15-60 mL/min (iv) diabetes mellitus combined with at least one of the following: (a) age at least 60 years (b) concomitant microalbuminuria (c) Aboriginal/Torres Strait Islander descent, **AND**
- Patient must have at least one of the following if coronary artery disease is present: (i) a previous multi-vessel coronary revascularisation procedure (ii) significant stenosis in at least 2 coronary arteries (iii) a previous single vessel coronary revascularisation procedure with significant stenosis in more than 1 coronary artery; OR
- Patient must have at least one of the following if peripheral arterial disease is present: (i) a previous peripheral/carotid artery revascularisation intervention (ii) intermittent claudication with an ankle-brachial index less than 0.9 (iii) asymptomatic carotid artery stenosis greater than 50%, **AND**
- The condition must be diagnosed by at least one of: (i) invasive (selective) angiography (ii) non-invasive imaging (i.e. CT scan, ultrasound) (iii) ankle-brachial index measurement in the case of peripheral arterial disease with intermittent claudication, **AND**
- Patient must have clinical findings/observations by the treating physician that exclude each of the following: (i) high risk of bleeding (ii) prior stroke within one month of treatment initiation (iii) prior haemorrhagic / lacunar stroke (iv) severe heart failure with a known ejection fraction less than 30% (v) New York Heart Association class III to IV heart failure symptoms (i.e. symptoms corresponding to moderate to severe limitation on physical activity, whereby any of fatigue/palpitations/dyspnoea occur upon zero to minimal activity) (vi) an estimated glomerular filtration rate less than 15

mL/minute (vii) a requirement for dual antiplatelet therapy (viii) a requirement for non-acetylsalicylic acid antiplatelet therapy (ix) a requirement for a higher dose of oral anticoagulant therapy.

Treatment criteria:

- Must be treated by a specialist physician; OR
- Must be treated by a physician who has consulted a specialist physician.

rivaroxaban 2.5 mg tablet, 60

12197Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	85.44	41.30	Xarelto [BN]

▪ RIVAROXABAN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4369

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 20 days supply to complete a course of treatment.

rivaroxaban 10 mg tablet, 10

9465E

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	36.53	37.83	Xarelto [BN]

▪ RIVAROXABAN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4402

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total hip replacement.

Clinical criteria:

- Patient must require up to 30 days supply to complete a course of treatment.

rivaroxaban 10 mg tablet, 30

9467G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	85.43	41.30	Xarelto [BN]

rivaroxaban 10 mg tablet, 15

9466F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	48.76	41.30	Xarelto [BN]

▪ RIVAROXABAN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4381

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total knee replacement.

Clinical criteria:

- Patient must require up to 10 days of therapy.

rivaroxaban 10 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9468H NP	1	..	..	36.53	37.83	Xarelto [BN]

▪ RIVAROXABAN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4382

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total knee replacement.

Clinical criteria:

- Patient must require up to 15 days of therapy.

rivaroxaban 10 mg tablet, 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9469J NP	1	..	..	48.76	41.30	Xarelto [BN]

▪ RIVAROXABAN

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4132

Prevention of recurrent venous thromboembolism

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a history of venous thromboembolism.

rivaroxaban 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11633G NP	1	5	..	85.43	41.30	Xarelto [BN]

▪ RIVAROXABAN

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4269

Prevention of stroke or systemic embolism

Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;

(iii) hypertension;

(iv) diabetes mellitus;

(v) heart failure and/or left ventricular ejection fraction 35% or less.

rivaroxaban 15 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2691P NP	1	5	..	80.55	41.30	Xarelto [BN]

▪ RIVAROXABAN

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Treatment may be continued by a non-specialist prescriber without need for consultation with a specialist.

Authority required (STREAMLINED)

10992

Chronic stable atherosclerotic disease

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with aspirin, but not with any other anti-platelet therapy.

rivaroxaban 2.5 mg tablet, 60

12192Q

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	85.44	41.30	Xarelto [BN]

▪ RIVAROXABAN

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

4098

Deep vein thrombosis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority required (STREAMLINED)

4260

Pulmonary embolism

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic pulmonary embolism.

Note Special Pricing Arrangements apply.

rivaroxaban 15 mg tablet, 42

2160Q

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	114.92	41.30	Xarelto [BN]

▪ RIVAROXABAN

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

4099

Deep vein thrombosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic deep vein thrombosis, **AND**
- Patient must not have symptomatic pulmonary embolism.

Authority required (STREAMLINED)

4132

Prevention of recurrent venous thromboembolism

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have a history of venous thromboembolism.

Authority required (STREAMLINED)

4268

Pulmonary embolism

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have confirmed acute symptomatic pulmonary embolism.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4269

Prevention of stroke or systemic embolism

Clinical criteria:

- Patient must have non-valvular atrial fibrillation, **AND**
- Patient must have one or more risk factors for developing stroke or systemic embolism.

Risk factors for developing stroke or systemic ischaemic embolism are:

(i) Prior stroke (ischaemic or unknown type), transient ischaemic attack or non-central nervous system (CNS) systemic embolism;

(ii) age 75 years or older;

(iii) hypertension;

(iv) diabetes mellitus;

(v) heart failure and/or left ventricular ejection fraction 35% or less.

Note Special Pricing Arrangements apply.

rivaroxaban 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2268J NP	1	5	..	80.55	41.30	Xarelto [BN]

Other antithrombotic agents

▪ FONDAPARINUX

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5781

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing major hip surgery.

Authority required (STREAMLINED)

5808

Prevention of venous thromboembolism

Treatment criteria:

- Patient must be undergoing total knee replacement.

fondaparinux sodium 2.5 mg/0.5 mL injection, 2 x 0.5 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8775W NP	3.5	..	..	*116.49	41.30	Arixtra [AS]

▪ ANTIHEMORRHAGICS

ANTIFIBRINOLYTICS

Amino acids

▪ TRANEXAMIC ACID

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

tranexamic acid 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2180R NP	1	2	..	37.71	39.01	[a] APO-Tranexamic Acid [TX]	[a] Cyklokapron [PF]

ANTIANEMIC PREPARATIONS

IRON PREPARATIONS

Iron bivalent, oral preparations

FERROUS FUMARATE

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

ferrous fumarate 200 mg (iron 65.7 mg) tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8985X NP	1	1	..	18.75	20.05	Ferro-tab [AE]

FERROUS SULFATE

ferrous sulfate heptahydrate 30 mg/mL (iron 6 mg/mL) oral liquid, 250 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8815Y NP	‡1	2	..	21.21	22.51	Ferro-Liquid [AE]

Iron, parenteral preparations

FERRIC CARBOXYMALTOSE

Note Special Pricing Arrangements apply.

iron (as ferric carboxymaltose) 500 mg/10 mL injection, 10 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10104T NP	2	1	..	*298.82	41.30	Ferinject [VL]

iron (as ferric carboxymaltose) 1 g/20 mL injection, 20 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11702X NP	1	1	..	298.80	41.30	Ferinject [VL]

FERRIC DERISOMALTOSE

Note Special Pricing Arrangements apply.

iron (as ferric derisomaltose) 1 g/10 mL injection, 10 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12049E NP	1	1	..	298.80	41.30	Monofer [PF]

iron (as ferric derisomaltose) 500 mg/5 mL injection, 5 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11615H NP	3	..	..	*444.67	41.30	Monofer [PF]

IRON POLYMALTOSE

iron (as polymaltose) 100 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2593L NP	1	..	..	32.51	33.81	Ferrosig [SI]

IRON POLYMALTOSE

Authority required (STREAMLINED)

4302

Iron deficiency anaemia

Treatment criteria:

- Patient must be undergoing chronic haemodialysis.

iron (as polymaltose) 100 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2805P NP	1	5	..	32.51	33.81	Ferrosig [SI]

IRON SUCROSE

iron (as sucrose) 100 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10229J NP	1	..	..	38.15	39.45	Venofer [VL]

IRON SUCROSE

Authority required (STREAMLINED)

4302

Iron deficiency anaemia

Treatment criteria:

- Patient must be undergoing chronic haemodialysis.

iron (as sucrose) 100 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8807M NP	1	5	..	38.15	39.45	Venofer [VL]

Iron in combination with folic acid

▪ FERROUS FUMARATE + FOLIC ACID

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

ferrous fumarate 310 mg (iron 100 mg) + folic acid 350 microgram tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9011G NP	1	1	..	19.77	21.07	Ferro-f-tab [AE]

VITAMIN B12 AND FOLIC ACID

Vitamin B12 (cyanocobalamin and analogues)

▪ HYDROXOCOBALAMIN

Note One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B_{12} deficiencies.

Note Pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as acetate) in 1 mL and pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as chloride) in 1 mL are equivalent for the purposes of substitution.

Restricted benefit

Pernicious anaemia

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

Proven vitamin B12 deficiencies other than pernicious anaemia

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

Restricted benefit

Anaemias associated with vitamin B12 deficiency

Clinical criteria:

- Patient must have had a gastrectomy, **AND**
- The treatment must be for prophylaxis.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

hydroxocobalamin 1 mg/mL injection, 3 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2162T NP	1	..	..	16.46	17.76	[a] Cobal-B12 [JU]	[a] Vita-B12 [GH]

hydroxocobalamin 1 mg/mL injection, 3 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9048F NP	1	..	..	16.46	17.76	[a] Hydroxo-B12 [AS]	[a] Neo-B12 [PF]

Folic acid and derivatives

▪ FOLIC ACID

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

folic acid 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2958Q NP	2	..	..	*16.28	17.58	[a] Foltabs 500 [PP]	[a] Megafol 0.5 [AF]

▪ FOLIC ACID

Note The 5 mg strength tablet should be used in malabsorption states only.

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

folic acid 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1437P NP	2	1	..	*18.36	19.66	Megafol 5 [AF]

BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS

BLOOD AND RELATED PRODUCTS

Blood substitutes and plasma protein fractions

HYDROXYETHYL STARCH 130/0.4 + SODIUM CHLORIDE

HYDROXYETHYL STARCH 130/0.4 I.V. infusion 30 g per 500 mL, 500 mL, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9487H NP	3	..	..	*41.83	41.30	Voluven 6% [PK]

OTHER HEMATOLOGICAL AGENTS

OTHER HEMATOLOGICAL AGENTS

Drugs used in hereditary angioedema

ICATIBANT

Note Icatibant should be provided in the framework of a comprehensive hereditary angioedema prophylaxis program and an emergency Action Plan including training in recognition of the symptoms of hereditary angioedema and the self-administration of icatibant. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au)

Authority required

Anticipated emergency treatment of an acute attack of hereditary angioedema

Treatment Phase: Initial

Clinical criteria:

- Patient must have confirmed diagnosis of C1-esterase inhibitor deficiency, **AND**
- Patient must have been assessed to be at significant risk of an acute attack of hereditary angioedema, **AND**
- The condition must be assessed by a clinical immunologist; OR
- The condition must be assessed by a respiratory physician; OR
- The condition must be assessed by a specialist allergist; OR
- The condition must be assessed by a general physician experienced in the management of patients with hereditary angioedema.

The name of the specialist consulted must be provided at the time of application for initial supply.

The date of the pathology report and name of the Approved Pathology Authority must be provided at the time of application.

Increased maximum quantities will be limited to 12 injections per authority prescription.

Authority required

Anticipated emergency treatment of an acute attack of hereditary angioedema

Treatment Phase: Continuing

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Increased maximum quantities will be limited to 12 injections per authority prescription.

icatibant 30 mg/3 mL injection, 3 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1976B	1	1	..	850.72	41.30	Cipla Icatibant [LR]

LANADELUMAB

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 1: New patient (commencing with no previous treatment with C1-INH for routine prophylaxis)

Clinical criteria:

- Patient must have experienced at least 12 treated acute attacks of hereditary angioedema within the 6 month period prior to commencing treatment with this drug, **AND**
- Patient must not have been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for hereditary angioedema at the time of application, **AND**
- The treatment must not be used in combination with a C1-esterase inhibitor concentrate.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

Population criteria:

- Patient must be aged 12 years or older.

For the purposes of administering this restriction, acute attacks of hereditary angioedema are those of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate

The baseline measurement of the number of treated acute attacks of hereditary angioedema within the 6 months prior to initiating treatment must be provided at the time of submitting this application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 2: New patient (commencing from National Blood Authority-funded C1-INH)

Clinical criteria:

- Patient must have been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for hereditary angioedema immediately prior to receiving lanadelumab, **AND**
- The treatment must not be used in combination with a C1-esterase inhibitor concentrate.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

Population criteria:

- Patient must be aged 12 years or older.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Initial 3: Grandfather patient (commencing from non-PBS-subsidised treatment with this drug)

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with this drug as routine prophylaxis for hereditary angioedema prior to 1 December 2021, **AND**
- Patient must have experienced at least 12 treated acute attacks of hereditary angioedema within the 6 month period prior to commencing treatment with this drug; OR
- Patient must have been receiving a C1-esterase inhibitor through the National Blood Authority as routine prophylaxis for hereditary angioedema immediately prior to receiving lanadelumab, **AND**
- The treatment must not be used in combination with a C1-esterase inhibitor concentrate.

Treatment criteria:

- Must be treated by a clinical immunologist or a specialist allergist.

Population criteria:

- Patient must be aged 12 years or older.

For the purposes of administering this restriction, acute attacks of hereditary angioedema are those of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate

The baseline measurement of the number of treated acute attacks of hereditary angioedema within the 6 months prior to initiating treatment must be provided at the time of submitting this application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Authority required

Chronic treatment of hereditary angioedema Types 1 or 2

Treatment Phase: Continuing preventative treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**

- Patient must have demonstrated or sustained an adequate response to PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be PBS-subsidised in combination with a C1-esterase inhibitor concentrate.

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be aged 12 years or older.

Patients who have successfully transitioned to a lower dosing frequency should be reviewed every 6 months to ensure they continue to demonstrate a sustained response

For the purposes of administering this restriction, an adequate response is a reduction of the baseline number of acute attacks of hereditary angioedema of a severity necessitating immediate medical intervention with either (i) icatibant, or (ii) C1-esterase inhibitor concentrate. The details of the reduction must be documented in the patient's medical records for auditing purposes.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

lanadelumab 300 mg/2 mL injection, 2 mL syringe

12790E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18601.32	41.30	Takhzyro [TK]

CARDIOVASCULAR SYSTEM

CARDIAC THERAPY

CARDIAC GLYCOSIDES

Digitalis glycosides

DIGOXIN

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

digoxin 250 microgram tablet, 100

1322N

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	15.96	17.26	[a] Sigmaxin [LN]
		[B]2.41	18.37	17.26	[a] Lanoxin [AS]

digoxin 50 microgram/mL oral liquid, 60 mL

3164M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*42.28	41.30	Lanoxin [AS]

digoxin 62.5 microgram tablet, 200

2605D

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	15.73	17.03	[a] Sigmaxin-PG [LN]
		[B]2.39	18.12	17.03	[a] Lanoxin-PG [AS]

ANTIARRHYTHMICS, CLASS I AND III

Antiarrhythmics, class Ia

DISOPYRAMIDE

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

disopyramide 100 mg capsule, 100

2923W

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	28.12	29.42	Rythmodan [SW]

Antiarrhythmics, class Ib

LIDOCAINE (LIGNOCAINE)

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

lidocaine (lignocaine) hydrochloride 10% (500 mg/5 mL) injection, 10 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2876J NP	1	..	..	34.18	35.48	Xylocard 500 [AS]

Antiarrhythmics, class Ic

▪ FLECAINIDE

Caution Flecainide acetate should be avoided in patients with poor cardiac function.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Serious supra-ventricular cardiac arrhythmias

Restricted benefit
Serious ventricular cardiac arrhythmias

Clinical criteria:
- The treatment must be initiated in a hospital.

flecainide acetate 50 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1088G NP	1	5	..	34.96	36.26	[a] APO-Flecainide [TX]	[a] Flecainide Sandoz [SZ]
			[B]1.80	36.76	36.26	[a] Tambocor [IL]	

flecainide acetate 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1090J NP	1	5	..	40.44	41.30	[a] APO-Flecainide [TX] [a] Flecatab [AF]	[a] Flecainide Sandoz [SZ]
			[B]1.80	42.24	41.30	[a] Tambocor [IL]	

Antiarrhythmics, class III

▪ AMIODARONE

Note This drug has been reported to cause frequent and potentially serious toxicity.

Note Regular monitoring of hepatic and thyroid function is recommended.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Severe cardiac arrhythmias

amiodarone hydrochloride 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2343H NP	1	5	..	19.82	21.12	[a] Amdarone [XT] [a] APO-Amiodarone [TX] [a] Cordarone X 200 [SW]	[a] Amiodarone Sandoz [SZ] [a] Aratac 200 [AF] [a] Rithmik 200 [RW]

amiodarone hydrochloride 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2344J NP	1	5	..	16.54	17.84	[a] Aratac 100 [AF]	[a] Cordarone X 100 [SW]

▪ SOTALOL

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Severe cardiac arrhythmias

sotalol hydrochloride 160 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2043M NP	1	5	..	18.99	20.29	[a] APO-Sotalol [TX] [a] Cardol [AF] [a] Sotalol Sandoz [SZ]	[a] APX-Sotalol [TY] [a] Solavert [RF]
			[B]4.99	23.98	20.29	[a] Sotacor [RW]	

sotalol hydrochloride 80 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8398B NP	1	5	..	15.48	16.78	[a] APO-Sotalol [TX] [a] Cardol [AF] [a] Sotalol Sandoz [SZ]	[a] APX-Sotalol [TY] [a] Solavert [RF]

[B]4.55	20.03	16.78	[a] Sotacor [RW]	

CARDIAC STIMULANTS EXCL. CARDIAC GLYCOSIDES

Adrenergic and dopaminergic agents

▪ ADRENALINE (EPINEPHRINE)

Note Pharmaceutical benefits that have the form adrenaline 1 mg/mL ampoules for injection in a pack size of 10 can be substituted for a pack size of 5 in the case of a shortage.

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 10 x 1 mL ampoules

12617C (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	..	..	*26.28	27.58	[a] ADRENALINE RENAUDIN [LM]

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 10 x 1 mL ampoules

12618D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	1	..	*26.28	27.58	[a] ADRENALINE RENAUDIN [LM]

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 5 x 1 mL ampoules

1016L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	21.74	23.04	[a] Link Medical Products Pty Ltd [LM]

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 5 x 1 mL ampoules

5004J (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	21.74	23.04	[a] Link Medical Products Pty Ltd [LM]

▪ ADRENALINE (EPINEPHRINE)

Caution Non-Anapen and Anapen products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The auto-injector should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the auto-injector device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au.)

Note No increase in the maximum quantity or number of units may be authorised.

Note No applications for repeats will be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug.

adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device

8697R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*158.78	41.30	[a] Adrenaline Jr Mylan [AF] [a] EpiPen Jr. [AL]	[a] Anapen Junior 150 [XT]

adrenaline (epinephrine) 500 microgram/0.3 mL injection, 0.3 mL pen device

12655C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*158.78	41.30	Anapen 500 [XT]

adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device

8698T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	..	..	*158.78	41.30	[a] Adrenaline Mylan [AF] [a] EpiPen [AL]	[a] Anapen 300 [XT]

VASODILATORS USED IN CARDIAC DISEASES

Organic nitrates

▪ GLYCERYL TRINITRATE

glyceryl trinitrate 10 mg/24 hours patch, 30

1516T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	33.35	34.65	Transiderm-Nitro 50 [SZ]

glyceryl trinitrate 10 mg/24 hours patch, 30

8028M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	33.35	34.65	Minitran 10 [IL]

glyceryl trinitrate 15 mg/24 hours patch, 30

8119H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	36.23	37.53	Minitran 15 [IL]

glyceryl trinitrate 5 mg/24 hours patch, 30

1515R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	28.30	29.60	Transiderm-Nitro 25 [SZ]

glyceryl trinitrate 5 mg/24 hours patch, 30

8027L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	28.30	29.60	Minitran 5 [IL]

▪ GLYCERYL TRINITRATE

Note The spray should not be inhaled.

glyceryl trinitrate 400 microgram/actuation spray, 200 actuations

8171C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	..	24.00	25.30	Nitrolingual Pumpspray [SW]

▪ ISOSORBIDE DINITRATE

isosorbide dinitrate 5 mg sublingual tablet, 100

2588F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	..	*19.16	20.46	Isordil Sublingual [RW]

▪ ISOSORBIDE MONONITRATE

isosorbide mononitrate 120 mg modified release tablet, 30

8273K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	19.40	20.70	[a] Monodur 120 mg [IY]
			[B]3.37	22.77	20.70	[a] Imdur 120 mg [IX]

isosorbide mononitrate 60 mg modified release tablet, 30

1558B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.91	17.21	[a] APO-Isosorbide Mononitrate [TX] [a] GenRx Isosorbide Mononitrate [GX] [a] Isomonit [SZ]	[a] Duride [AF] [a] ISOBIDE MR [RF] [a] Isosorbide AN [EA]
			[B]2.33	18.24	17.21	[a] Monodur 60 mg [IY]	
			[B]3.22	19.13	17.21	[a] Imdur Durule [IX]	

Other vasodilators used in cardiac diseases

▪ NICORANDIL

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

nicorandil 10 mg tablet, 60

8228C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	‡1	5	..	22.31	23.61	[a] APO-Nicorandil [TX]	[a] Ikorel [SW]

[a] Ikotab [AF]

NP **Nicorandil 20 mg tablet, 60**

8229D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	‡1	5	..	26.33	27.63	[a] APO-Nicorandil [TX] [a] Ikotab [AF]	[a] Ikorel [SW]

▪ PERHEXILINE

Note Regular monitoring of drug serum levels is recommended.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5592

Angina

Clinical criteria:

- The condition must not be responding to other therapy.

perhexiline maleate 100 mg tablet, 100

1822X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	53.57	41.30	Pexsig [AS]

OTHER CARDIAC PREPARATIONS

Other cardiac preparations

▪ IVABRADINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4979

Chronic heart failure

Clinical criteria:

- Patient must be symptomatic with NYHA classes II or III, **AND**
- Patient must be in sinus rhythm, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%, **AND**
- Patient must have a resting heart rate at or above 77 bpm at the time ivabradine treatment is initiated, **AND**
- Patient must receive concomitant optimal standard chronic heart failure treatment, which must include the maximum tolerated dose of a beta-blocker, unless contraindicated or not tolerated.

Resting heart rate should be measured by ECG or echocardiography, after 5 minutes rest.

The ECG or echocardiography, result must be documented in the patient's medical records when treatment is initiated.

ivabradine 7.5 mg tablet, 56

2960T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	45.44	41.30	[a] APO-Ivabradine [TX]	[a] Coralan [SE]

ivabradine 5 mg tablet, 56

10012Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	45.44	41.30	[a] APO-Ivabradine [TX]	[a] Coralan [SE]

▪ ANTIHYPERTENSIVES

ANTIADRENERGIC AGENTS, CENTRALLY ACTING

Methyldopa

▪ METHYLDOPA

methyldopa 250 mg tablet, 100

1629R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	20.88	22.18	Aldomet [AS]

Imidazoline receptor agonists

▪ CLONIDINE

clonidine hydrochloride 150 microgram tablet, 100

3141H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	33.61	34.91	Catapres [IX]

clonidine hydrochloride 100 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3145M NP	1	5	..	27.66	28.96	[a] APO-Clonidine [TX]	[a] Catapres 100 [IX]

▪ GUANFACINE

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

9034

Attention deficit hyperactivity disorder

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatrician or psychiatrist.

Clinical criteria:

- The condition must be or have been diagnosed according to the DSM-5 criteria, **AND**
- Patient must have a contraindication to dexamfetamine, methylphenidate or lisdexamfetamine as specified in TGA-approved product information; OR
- Patient must have a comorbid mood disorder that has developed or worsened as a result of dexamfetamine, methylphenidate or lisdexamfetamine treatment and is of a severity necessitating treatment withdrawal; OR
- Patient must be at an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal if given a stimulant treatment with another agent; OR
- Patient must have experienced adverse reactions of a severity necessitating permanent treatment withdrawal following treatment with dexamfetamine, methylphenidate and lisdexamfetamine (not simultaneously).

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive.

Authority required (STREAMLINED)

9031

Attention deficit hyperactivity disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have a contraindication to dexamfetamine, methylphenidate or lisdexamfetamine as specified in TGA-approved product information; OR
- Patient must have a comorbid mood disorder that has developed or worsened as a result of dexamfetamine, methylphenidate or lisdexamfetamine treatment and is of a severity necessitating treatment withdrawal; OR
- Patient must be at an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal if given a stimulant treatment with another agent; OR
- Patient must have experienced adverse reactions of a severity necessitating permanent treatment withdrawal following treatment with dexamfetamine, methylphenidate and lisdexamfetamine (not simultaneously).

Authority required (STREAMLINED)

8544

Attention deficit hyperactivity disorder

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatrician or psychiatrist.

Clinical criteria:

- The condition must be or have been diagnosed according to the DSM-5 criteria, **AND**
- Patient must be receiving a maximum tolerated dose (MTD) of stimulant (dexamfetamine, methylphenidate or lisdexamfetamine) which has been stable for at least four weeks, **AND**
- The treatment must be adjunctive to ongoing maximum tolerated dose (MTD) of stimulant (dexamfetamine, methylphenidate or lisdexamfetamine), **AND**
- Patient must be experiencing residual moderate to severe ADHD symptoms resulting in impaired functioning (social, academic or occupational), present in at least one setting (home, nursery/school/college/work, friends or family homes or other environment).

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 17 years inclusive.

Authority required (STREAMLINED)

8585

Attention deficit hyperactivity disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be adjunctive to ongoing maximum tolerated dose (MTD) of stimulant (dexamfetamine, methylphenidate or lisdexamfetamine).

guanfacine 4 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11441E	1	5	..	125.34	41.30	Intuniv [TK]

guanfacine 2 mg modified release tablet, 28

11451Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	125.34	41.30	Intuniv [TK]

guanfacine 3 mg modified release tablet, 28

11440D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	125.34	41.30	Intuniv [TK]

guanfacine 1 mg modified release tablet, 28

11452R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	125.34	41.30	Intuniv [TK]

▪ MOXONIDINE

Restricted benefit

Hypertension

Clinical criteria:

- Patient must be receiving concurrent antihypertensive therapy.

moxonidine 200 microgram tablet, 30

9019Q

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.92	20.22	[a] APO-Moxonidine [TX] [a] Moxonidine GX [SZ] [a] Moxotens [RF]	[a] Moxonidine GH [GQ] [a] Moxonidine MYL [AF] [a] Physiotens [GO]

moxonidine 400 microgram tablet, 30

9020R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	23.74	25.04	[a] APO-Moxonidine [TX] [a] Moxonidine GX [SZ] [a] Moxotens [RF]	[a] Moxonidine GH [GQ] [a] Moxonidine MYL [AF] [a] Physiotens [GO]

ANTIADRENERGIC AGENTS, PERIPHERALLY ACTING

Alpha-adrenoreceptor antagonists

▪ PRAZOSIN

prazosin 1 mg tablet, 100

1479W

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.33	17.63	[a] APO-Prazosin [TX]	[a] Minipress [PF]

prazosin 2 mg tablet, 100

1480X

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.96	19.26	[a] APO-Prazosin [TX]	[a] Minipress [PF]

prazosin 5 mg tablet, 100

1478T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.64	23.94	[a] APO-Prazosin [TX]	[a] Minipress [PF]

ARTERIOLAR SMOOTH MUSCLE, AGENTS ACTING ON

Hydrazinophthalazine derivatives

▪ HYDRALAZINE

hydralazine hydrochloride 25 mg tablet, 100

1640H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*19.76	21.06	Alphapress 25 [AF]

hydralazine hydrochloride 50 mg tablet, 100

1639G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*21.00	22.30	Alphapress 50 [AF]

Pyrimidine derivatives

▪ MINOXIDIL

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Severe refractory hypertension

Clinical criteria:

- The treatment must be initiated by a consultant physician.

minoxidil 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2313R NP	1	5	..	51.84	41.30	Loniten [PF]

▪ DIURETICS

LOW-CEILING DIURETICS, THIAZIDES

Thiazides, plain

▪ HYDROCHLOROTHIAZIDE

hydrochlorothiazide 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1484D NP	1	1	..	22.55	23.85	Dithiazide [FF]

LOW-CEILING DIURETICS, EXCL. THIAZIDES

Sulfonamides, plain

▪ CHLORTALIDONE

chlortalidone 25 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1585K NP	2	1	..	*19.96	21.26	Hygroton 25 [GH]

▪ INDAPAMIDE

indapamide hemihydrate 2.5 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2436F NP	1	1	..	17.40	18.70	[a] Dapa-Tabs [AF] [a] Insig [RW]	[a] GenRx Indapamide [GX]
			[B]7.54	24.94	18.70	[a] Natrilix [SE]	

indapamide hemihydrate 1.5 mg modified release tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8532C NP	1	1	..	19.79	21.09	[a] APO-Indapamide SR [TX] [a] Tenaxil SR [RW]	[a] Odaplix SR [AF]
			[B]7.15	26.94	21.09	[a] Natrilix SR [SE]	

HIGH-CEILING DIURETICS

Sulfonamides, plain

▪ FUROSEMIDE (FRUSEMIDE)

furosemide (frusemide) 40 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2412Y NP	1	1	..	14.05	15.35	Urex [RW]	
						[a] APO-Frusemide [TX]	[a] Frusax [ZS]
						[a] Frusemix [TY]	[a] FUROSEMIDE AN [EA]
						[a] NOUMED FUROSEMIDE [VO]	[a] Uremide [AF]
			[B]2.23	16.28	15.35	[a] Lasix [SW]	

furosemide (frusemide) 10 mg/mL oral liquid, 30 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2411X NP	‡1	3	..	28.10	29.40	Lasix [SW]

furosemide (frusemide) 20 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2413B NP	1	..	..	13.72	15.02	Lasix [SW]

furosemide (frusemide) 500 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2415D NP	1	3	..	21.89	23.19	Urex-Forte [RW]

▪ FUROSEMIDE (FRUSEMIDE)

Note For item codes 2414C and 1810G, pharmaceutical benefits that have the form tablet 20 mg are equivalent for the purposes of substitution.

furosemide (frusemide) 20 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2414C NP	1	1	..	14.05	15.35	[a] APO-Frusemide [TX]	[a] FUROSEMIDE AN [EA]
			[B]0.99	15.04	15.35	[a] Frusemix-M [TY]	

furosemide (frusemide) 20 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1810G NP	2	1	..	*14.06	15.36	[a] Frusemix-M [TY]	[a] Urex-M [RW]
			[B]2.24	*16.30	15.36	[a] Lasix-M [SW]	

Aryloxyacetic acid derivatives

▪ ETACRYNIC ACID

Restricted benefit

Patients hypersensitive to other oral diuretics

etacrynic acid 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8748K NP	2	1	..	*155.06	41.30	Edecrin [FK]

POTASSIUM-SPARING AGENTS

Aldosterone antagonists

▪ EPLERENONE

Caution Serum electrolytes should be checked regularly

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4937

Heart failure with a left ventricular ejection fraction of 40% or less

Clinical criteria:

- The condition must occur within 3 to 14 days following an acute myocardial infarction, **AND**
- The treatment must be commenced within 14 days of an acute myocardial infarction.

The date of the acute myocardial infarction and the date of initiation of treatment with this drug must be documented in the patient's medical records when PBS-subsidised treatment is initiated

eplerenone 50 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8880J NP	1	5	..	63.59	41.30	[a] APO-Eplerenone [TX]	[a] ESPLER [RW]
						[a] Inpler [AF]	[a] Inspra [UJ]

eplerenone 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8879H NP	1	5	..	63.59	41.30	[a] APO-Eplerenone [TX]	[a] ESPLER [RW]
						[a] Inpler [AF]	[a] Inspra [UJ]

▪ SPIRONOLACTONE

Caution Serum electrolytes should be checked regularly

Appropriate contraceptive measures should be taken by women of child-bearing age in whom spironolactone therapy has been initiated.

spironolactone 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2340E NP	1	5	..	26.89	28.19	[a] Spiractin 100 [AF]	[a] Spironolactone Mylan 100 [AL]
			[B]7.50	34.39	28.19	[a] Aldactone [PF]	

spironolactone 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2339D NP	1	5	..	15.99	17.29	[a] Spiractin 25 [AF]	[a] Spironolactone Mylan 25 [AL]
			[B]7.50	23.49	17.29	[a] Aldactone [PF]	

DIURETICS AND POTASSIUM-SPARING AGENTS IN COMBINATION

Low-ceiling diuretics and potassium-sparing agents

▪ AMILORIDE + HYDROCHLOROTHIAZIDE

Caution Serum electrolytes should be checked regularly.

amiloride hydrochloride dihydrate 5 mg + hydrochlorothiazide 50 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1486F NP	2	1	..	*18.24	19.54	Moduretic [AS]

OTHER DIURETICS

Vasopressin antagonists

▪ TOLVAPTAN

Caution Tolvaptan has been associated with idiosyncratic hepatic toxicity. Liver function monitoring is required.

Note Special Pricing Arrangements apply.

Authority required

Autosomal dominant polycystic kidney disease (ADPKD)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a nephrologist.

Clinical criteria:

- Patient must have an estimated glomerular filtration rate (eGFR) between 30 and 89 mL/min 1.73 m^2 at the initiation of treatment with this drug for this condition, **AND**
- Patient must have or have had rapidly progressing disease at the time of initiation of this drug for this condition.

Rapidly progressing disease is defined as either of the following:

A decline in eGFR of greater than or equal to 5 mL/min/1.73 m^2 within one year;

OR

An average decline in eGFR of greater than or equal to 2.5 mL/min/1.73 m^2 per year over a five year period.

tolvaptan 15 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12460T	1	5	..	945.93	41.30	Jinarc [OS]

tolvaptan 30 mg tablet [28] (&) tolvaptan 90 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11588X	1	5	..	1827.93	41.30	Jinarc [OS]

tolvaptan 30 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12461W	1	5	..	945.93	41.30	Jinarc [OS]

tolvaptan 30 mg tablet [28] (&) tolvaptan 60 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11597J	1	5	..	1827.93	41.30	Jinarc [OS]

tolvaptan 15 mg tablet [28] (&) tolvaptan 45 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11602P	1	5	..	1827.93	41.30	Jinarc [OS]

▪ TOLVAPTAN

Caution Tolvaptan has been associated with idiosyncratic hepatic toxicity. Liver function monitoring is required.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

8288

Autosomal dominant polycystic kidney disease (ADPKD)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a nephrologist or in consultation with a nephrologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have end-stage renal disease defined as an estimated glomerular filtration rate (eGFR) of less than 15 mL/min/1.73m^2, **AND**
- Patient must not have had a kidney transplant.

tolvaptan 15 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12457P	1	5	..	945.93	41.30	Jinarc [OS]

tolvaptan 30 mg tablet [28] (&) tolvaptan 90 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11596H	1	5	..	1827.93	41.30	Jinarc [OS]

tolvaptan 30 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12462X	1	5	..	945.93	41.30	Jinarc [OS]

tolvaptan 30 mg tablet [28] (&) tolvaptan 60 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11593E	1	5	..	1827.93	41.30	Jinarc [OS]

tolvaptan 15 mg tablet [28] (&) tolvaptan 45 mg tablet [28], 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11600M	1	5	..	1827.93	41.30	Jinarc [OS]

▪ PERIPHERAL VASODILATORS

PERIPHERAL VASODILATORS

Other peripheral vasodilators

▪ PHENOXYBENZAMINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Phaeochromocytoma

Restricted benefit

Neurogenic urinary retention

phenoxybenzamine hydrochloride 10 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1166J NP	3	5	..	*864.94	41.30	Amdipharm Mercury (Australia) Pty Limited [GH]

phenoxybenzamine hydrochloride 10 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1862B NP	1	5	..	953.95	41.30	Dibenyline [GH]

▪ BETA BLOCKING AGENTS

BETA BLOCKING AGENTS

Beta blocking agents, non-selective

▪ OXPRENOLOL

oxprenolol hydrochloride 40 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2961W NP	1	5	..	42.39	41.30	Corbeton 40 [AF]

▪ PINDOLOL

pindolol 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3062E NP	1	5	..	32.96	34.26	Barbloc 5 [AF]

▪ PROPRANOLOL

propranolol hydrochloride 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2565B NP	1	5	..	15.05	16.35	[a] APO-Propranolol [TX]
			[B]2.78	17.83	16.35	[a] Deralin 10 [AF]
			[B]8.27	23.32	16.35	[a] Inderal [IX]

propranolol hydrochloride 40 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2566C NP	1	5	..	15.30	16.60	[a] APO-Propranolol [TX]
			[B]2.79	18.09	16.60	[a] Deralin 40 [AF]
			[B]8.28	23.58	16.60	[a] Inderal [IX]

propranolol hydrochloride 160 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2899N NP	1	5	..	18.80	20.10	Deralin 160 [AF]

Beta blocking agents, selective

▪ ATENOLOL

atenolol 50 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1081X NP	1	5	..	13.55	14.85	[a] APO-Atenolol [TX] [a] Atenolol Amneal [EF] [a] Atenolol Sandoz [SZ] [a] Tensig [RW]	[a] APX-Atenolol [TY] [a] Atenolol GH [GQ] [a] Noten [AF]
			[B]13.13	26.68	14.85	[a] Tenormin [IX]	

▪ ATENOLOL

Restricted benefit

For a patient who is unable to take a solid dose form of atenolol.

atenolol 50 mg/10 mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2243C NP	‡1	5	..	36.81	38.11	Atenolol-AFT [AE]

▪ BISOPROLOL

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Moderate to severe heart failure

Clinical criteria:

- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

bisoprolol fumarate 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8605X NP	1	5	..	20.51	21.81	[a] APO-Bisoprolol [TX] [a] Bisoprolol Dr.Reddy's [RI] [a] Bisoprolol Sandoz [SZ]	[a] Bicard 5 [RW] [a] Bisoprolol generichealth [GQ] [a] Bispro 5 [AF]
			[B]6.70	27.21	21.81	[a] Bicor [AL]	

bisoprolol fumarate 2.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8604W NP	1	5	..	18.83	20.13	[a] APO-Bisoprolol [TX] [a] Bisoprolol Dr.Reddy's [RI] [a] Bisoprolol Sandoz [SZ]	[a] Bicard 2.5 [RW] [a] Bisoprolol generichealth [GQ] [a] Bispro 2.5 [AF]
			[B]6.70	25.53	20.13	[a] Bicor [AL]	

bisoprolol fumarate 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8606Y NP	1	5	..	22.62	23.92	[a] APO-Bisoprolol [TX] [a] Bisoprolol Dr.Reddy's [RI] [a] Bisoprolol Sandoz [SZ]	[a] Bicard 10 [RW] [a] Bisoprolol generichealth [GQ] [a] Bispro 10 [AF]
			[B]6.70	29.32	23.92	[a] Bicor [AL]	

▪ METOPROLOL SUCCINATE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Moderate to severe heart failure

Clinical criteria:

- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

METOPROLOL SUCCINATE Tablet 95 mg (controlled release), 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8734Q NP	1	5	..	49.35	41.30	[a] Metrol-XL 95 [RW] [a] Toprol-XL 95 [AP]	[a] Minax XL [AF]

METOPROLOL SUCCINATE Tablet 23.75 mg (controlled release), 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8732N NP	1	..	..	18.40	19.70	[a] Metrol-XL 23.75 [RW]	[a] Minax XL [AF]

METOPROLOL SUCCINATE Tablet 190 mg (controlled release), 30

8735R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	58.67	41.30	[a] Metrol-XL 190 [RW] [a] Toprol-XL 190 [AP]	[a] Minax XL [AF]

METOPROLOL SUCCINATE Tablet 47.5 mg (controlled release), 30

8733P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	41.91	41.30	[a] Metrol-XL 47.5 [RW] [a] Toprol-XL 47.5 [AP]	[a] Minax XL [AF]

▪ METOPROLOL TARTRATE

METOPROLOL TARTRATE Tablet 50 mg, 100

1324Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	14.26	15.56	[a] Mistrom [ZS] [b] APO-Metoprolol [TX] [b] Metrol 50 [RW] [b] NOUMED METOPROLOL [VO]	[b] Metoprolol Sandoz [SZ] [b] Minax 50 [AF]
			[B]1.67	15.93	15.56	[a] Lopresor 50 [NV]	
			[B]10.21	24.47	15.56	[b] Betaloc [AP]	

METOPROLOL TARTRATE Tablet 100 mg, 60

1325R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	14.75	16.05	[a] Mistrom [ZS] [b] APO-Metoprolol [TX] [b] Metrol 100 [RW] [b] NOUMED METOPROLOL [VO]	[b] Metoprolol Sandoz [SZ] [b] Minax 100 [AF]
			[B]1.67	16.42	16.05	[a] Lopresor 100 [NV]	
			[B]10.25	25.00	16.05	[b] Betaloc [AP]	

▪ NEBIVOLOL

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Moderate to severe heart failure

Clinical criteria:

- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

nebivolol 10 mg tablet, 28

9312D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	56.77	41.30	[a] APO-Nebivolol [TX] [a] Nebivolol Sandoz [SZ]	[a] Nebilet [FK] [a] Nepiten [AF]

nebivolol 1.25 mg tablet, 28

9316H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*43.76	41.30	[a] APO-Nebivolol [TX] [a] Nebivolol Sandoz [SZ]	[a] Nebilet [FK] [a] Nepiten [AF]

nebivolol 5 mg tablet, 28

9311C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	51.63	41.30	[a] APO-Nebivolol [TX] [a] Nebivolol Sandoz [SZ]	[a] Nebilet [FK] [a] Nepiten [AF]

Alpha and beta blocking agents

▪ CARVEDILOL

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Moderate to severe heart failure

Clinical criteria:

- Patient must be stabilised on conventional therapy, which must include an ACE inhibitor or Angiotensin II antagonist, if tolerated.

Restricted benefit

Patients receiving this drug as a pharmaceutical benefit prior to 1 August 2002

carvedilol 25 mg tablet, 60

8258P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	25.54	26.84	[a] APO-Carvedilol [TX]	[a] Carvedilol Sandoz [SZ]
						[a] Carvidol [RF]	[a] Dicarz [AF]
						[a] Dilatrend 25 [PB]	[a] Vedilol 25 [RW]
						[a] Volirop 25 [ZS]	

carvedilol 3.125 mg tablet, 30

8255L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	15.32	16.62	[a] APO-Carvedilol [TX]	[a] Carvidol [RF]
						[a] Vedilol 3.125 [RW]	[a] Volirop 3.125 [ZS]

carvedilol 12.5 mg tablet, 60

8257N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	22.85	24.15	[a] APO-Carvedilol [TX]	[a] Carvedilol Sandoz [SZ]
						[a] Carvidol [RF]	[a] Dicarz [AF]
						[a] Dilatrend 12.5 [PB]	[a] Vedilol 12.5 [RW]
						[a] Volirop 12.5 [ZS]	

carvedilol 6.25 mg tablet, 60

8256M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	20.69	21.99	[a] APO-Carvedilol [TX]	[a] Carvedilol Sandoz [SZ]
						[a] Carvidol [RF]	[a] Dicarz [AF]
						[a] Dilatrend 6.25 [PB]	[a] Vedilol 6.25 [RW]
						[a] Volirop 6.25 [ZS]	

▪ LABETALOL

labetalol hydrochloride 100 mg tablet, 100

1566K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	25.33	26.63	[a] Presolol 100 [AF]
			[B]3.50	28.83	26.63	[a] Trandate [AS]

labetalol hydrochloride 200 mg tablet, 100

1567L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	25.33	26.63	Trandate [AS]

▪ CALCIUM CHANNEL BLOCKERS

SELECTIVE CALCIUM CHANNEL BLOCKERS WITH MAINLY VASCULAR EFFECTS

Dihydropyridine derivatives

▪ AMLODIPINE

amlodipine 5 mg tablet, 30

2751T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	13.32	14.62	[a] Amlo 5 [RW]	[a] Amlodipine Amneal [EF]
						[a] Amlodipine APOTEX [GX]	[a] Amlodipine GH [GQ]
						[a] Amlodipine Sandoz [SZ]	[a] APO-Amlodipine [TX]
						[a] Blooms the Chemist Amlodipine [IB]	[a] BTC Amlodipine [JB]
						[a] Nordip [AF]	[a] Norvapine [ED]
						[a] NOUMED AMLODIPINE [VO]	[a] Pharmacor Amlodipine [CR]
			[B]10.85	24.17	14.62	[a] Norvasc [AS]	

amlodipine 10 mg tablet, 30

2752W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	13.96	15.26	[a] Amlo 10 [RW]	[a] Amlodipine Amneal [EF]
						[a] Amlodipine APOTEX [GX]	[a] Amlodipine GH [GQ]
						[a] Amlodipine Sandoz [SZ]	[a] APO-Amlodipine [TX]
						[a] Blooms the Chemist Amlodipine [IB]	[a] BTC Amlodipine [JB]
						[a] Nordip [AF]	[a] Norvapine [ED]
						[a] NOUMED AMLODIPINE [VO]	[a] Pharmacor Amlodipine [CR]
			[B]10.90	24.86	15.26	[a] Norvasc [AS]	

▪ FELODIPINE

felodipine 2.5 mg modified release tablet, 30

2361G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.10	16.40	[a] Felodur ER 2.5 mg [TX]	[a] Fendex ER [AF]
			[B]2.69	17.79	16.40	[a] Plendil ER [GX]	

felodipine 10 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2367N NP	1	5	..	19.38	20.68	[a] Felodil XR 10 [RW] [a] Fendex ER [AF]	[a] Felodur ER 10 mg [TX]
			[B]2.68	22.06	20.68	[a] Plendil ER [GX]	

felodipine 5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2366M NP	1	5	..	16.24	17.54	[a] Felodil XR 5 [RW] [a] Fendex ER [AF]	[a] Felodur ER 5 mg [TX]
			[B]2.68	18.92	17.54	[a] Plendil ER [GX]	

▪ LERCANIDIPINE

lercanidipine hydrochloride 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8679T NP	1	5	..	15.74	17.04	[a] BTC Lercanidipine [JB] [a] Lercanidipine APOTEX [GX]	[a] Lercan [RW] [a] Zircol 20 [AL]
			[B]3.33	19.07	17.04	[a] Zanidip [GO]	

lercanidipine hydrochloride 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8534E NP	1	5	..	14.44	15.74	[a] BTC Lercanidipine [JB] [a] Lercanidipine APOTEX [GX]	[a] Lercan [RW] [a] Zircol 10 [AL]
			[B]3.26	17.70	15.74	[a] Zanidip [GO]	

▪ NIFEDIPINE

nifedipine 60 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1907J NP	1	5	..	20.74	22.04	[a] Addos XR 60 [RW] [a] APO-Nifedipine XR [TX]	[a] Adefin XL 60 [AF]

nifedipine 10 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1694E NP	1	5	..	17.13	18.43	Adefin 10 [AF]

nifedipine 20 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1695F NP	1	5	..	18.22	19.52	Adefin 20 [AF]

nifedipine 30 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1906H NP	1	5	..	18.97	20.27	[a] Addos XR 30 [RW] [a] APO-Nifedipine XR [TX]	[a] Adefin XL 30 [AF]

SELECTIVE CALCIUM CHANNEL BLOCKERS WITH DIRECT CARDIAC EFFECTS

Phenylalkylamine derivatives

▪ VERAPAMIL

Caution The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

verapamil hydrochloride 180 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2208F NP	1	5	..	18.11	19.41	[a] Cordilox 180 SR [GT]
			[B]3.50	21.61	19.41	[a] Isoptin 180 SR [GO]

verapamil hydrochloride 80 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1250T NP	1	5	..	19.55	20.85	[a] Anpec 80 [AF]
			[B]3.50	23.05	20.85	[a] Isoptin [GO]

verapamil hydrochloride 240 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1241H NP	1	5	..	20.12	21.42	[a] Cordilox SR [GT]
			[B]3.50	23.62	21.42	[a] Isoptin SR [GO]

Benzothiazepine derivatives

▪ DILTIAZEM

Caution The myocardial depressant effects of this drug and of beta-blocking drugs are additive.

diltiazem hydrochloride 360 mg modified release capsule, 30

8480H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	23.99	25.29	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]
			[B]1.90	25.89	25.29	[a] Cardizem CD [SW]	

diltiazem hydrochloride 60 mg tablet, 90

1335G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.14	19.44	[a] Diltiazem AN [EA]	[a] Vasocardol [AV]
			[B]1.90	20.04	19.44	[a] Cardizem [SW]	

diltiazem hydrochloride 180 mg modified release capsule, 30

1312C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.80	20.10	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]
			[B]1.90	20.70	20.10	[a] Cardizem CD [SW]	

diltiazem hydrochloride 240 mg modified release capsule, 30

1313D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	21.17	22.47	[a] Diltiazem Sandoz CD [SZ]	[a] Vasocardol CD [AV]
			[B]1.90	23.07	22.47	[a] Cardizem CD [SW]	

AGENTS ACTING ON THE RENIN-ANGIOTENSIN SYSTEM

ACE INHIBITORS, PLAIN

ACE inhibitors, plain

CAPTOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

Patients unable to take a solid dose form of an ACE inhibitor.

captopril 5 mg/mL oral liquid, 95 mL

8760C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	..	107.90	41.30	Capoten [RW]

ENALAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

enalapril maleate 5 mg tablet, 30

1370D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	14.23	15.53	[a] Acetec [AL] [a] Enalapril generichealth [GQ] [a] Malean [RW]	[a] APO-Enalapril [TX] [a] Enalapril Sandoz [SZ]

enalapril maleate 10 mg tablet, 30

1368B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.36	16.66	[a] Acetec [AL] [a] Enalapril generichealth [GQ] [a] Malean [RW]	[a] APO-Enalapril [TX] [a] Enalapril Sandoz [SZ]
			[B]6.21	21.57	16.66	[a] Renitec [AF]	

enalapril maleate 20 mg tablet, 30

1369C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	16.14	17.44	[a] Acetec [AL] [a] Enalapril generichealth [GQ] [a] Malean [RW]	[a] APO-Enalapril [TX] [a] Enalapril Sandoz [SZ]
			[B]6.26	22.40	17.44	[a] Renitec 20 [AF]	

FOSINOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

fosinopril sodium 10 mg tablet, 30

1182F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	16.67	17.97	[a] APO-Fosinopril [TX] [a] Monace 10 [AF]	[a] Fosipril 10 [RW]

fosinopril sodium 20 mg tablet, 30

1183G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	18.79	20.09	[a] APO-Fosinopril [TX] [a] Monace 20 [AF]	[a] Fosipril 20 [RW]

LISINOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

lisinopril 10 mg tablet, 30

2457H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.50	16.80	[a] APO-Lisinopril [TX]	[a] Fibsol 10 [RW]
						[a] Lisinopril generichealth [GQ]	[a] Lisinopril Sandoz [SZ]
						[a] Zinopril 10 [AL]	
			[B]4.65	20.15	16.80	[a] Zestril [IX]	

lisinopril 20 mg tablet, 30

2458J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	16.28	17.58	[a] APO-Lisinopril [TX]	[a] Fibsol 20 [RW]
						[a] Lisinopril generichealth [GQ]	[a] Lisinopril Sandoz [SZ]
						[a] Zinopril 20 [AL]	
			[B]4.71	20.99	17.58	[a] Zestril [IX]	

lisinopril 5 mg tablet, 30

2456G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	14.50	15.80	[a] APO-Lisinopril [TX]	[a] Fibsol 5 [RW]
						[a] Lisinopril generichealth [GQ]	[a] Lisinopril Sandoz [SZ]
						[a] Zinopril 5 [AL]	
			[B]4.58	19.08	15.80	[a] Zestril [IX]	

▪ PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 2 mg tablet and pharmaceutical benefits that have the form perindopril arginine 2.5 mg tablet are equivalent for the purposes of substitution.

perindopril arginine 2.5 mg tablet, 30

9006B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	13.92	15.22	[a] APO-Perindopril Arginine [TX]	[a] PREXUM 2.5 [RX]
			[B]9.46	23.38	15.22	[a] Coversyl 2.5mg [SE]	

perindopril erbumine 2 mg tablet, 30

3050M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	13.92	15.22	[a] APO-Perindopril [TX]	[a] Blooms the Chemist Perindopril [IB]
						[a] BTC Perindopril [JB]	[a] Idaprex 2 [SZ]
						[a] Indosyl Mono 2 [RW]	[a] Perindo [AF]
						[a] Perindopril APOTEX [TY]	

▪ PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 4 mg tablet and pharmaceutical benefits that have the form perindopril arginine 5 mg tablet are equivalent for the purposes of substitution.

perindopril arginine 5 mg tablet, 30

9007C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.15	16.45	[a] APO-Perindopril Arginine [TX]	[a] PREXUM 5 [RX]
			[B]9.24	24.39	16.45	[a] Coversyl 5mg [SE]	

perindopril erbumine 4 mg tablet, 30

3051N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.15	16.45	[a] APO-Perindopril [TX]	[a] Blooms the Chemist Perindopril [IB]
						[a] BTC Perindopril [JB]	[a] Idaprex 4 [SZ]
						[a] Indosyl Mono 4 [RW]	[a] Perindo [AF]
						[a] Perindopril APOTEX [TY]	[a] Perindopril generichealth [GQ]

▪ PERINDOPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril erbumine 8 mg tablet and pharmaceutical benefits that have the form perindopril arginine 10 mg tablet are equivalent for the purposes of substitution.

perindopril arginine 10 mg tablet, 30

9008D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	16.56	17.86	[a] APO-Perindopril Arginine [TX]	[a] PREXUM 10 [RX]
			[B]9.82	26.38	17.86	[a] Coversyl 10mg [SE]	

perindopril erbumine 8 mg tablet, 30

8704D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	16.56	17.86	[a] APO-Perindopril [TX]	[a] Blooms the Chemist Perindopril [IB]
						[a] BTC Perindopril [JB]	[a] Idaprex 8 [SZ]

						[a] Indosyl Mono 8 [RW]	[a] Perindo [AF]
						[a] Perindopril APOTEX [TY]	[a] Perindopril generichealth [GQ]

▪ QUINAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

quinapril 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1968N							
NP	1	5	..	15.40	16.70	[a] ACQUIN [RF] [a] Qpril 5 [AF]	[a] Acquin Aspen 5 [RW]
			[B]4.01	19.41	16.70	[a] Accupril [PF]	

quinapril 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1970Q							
NP	1	5	..	17.07	18.37	[a] ACQUIN [RF] [a] APO-Quinapril [TX] [a] Quinapril generichealth [GQ]	[a] Acquin Aspen 20 [RW] [a] Qpril 20 [AF]
			[B]4.20	21.27	18.37	[a] Accupril [PF]	

quinapril 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1969P							
NP	1	5	..	16.20	17.50	[a] ACQUIN [RF] [a] APO-Quinapril [TX]	[a] Acquin Aspen 10 [RW] [a] Qpril 10 [AF]
			[B]4.07	20.27	17.50	[a] Accupril [PF]	

▪ RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 10 mg tablet and pharmaceutical benefits that have the form ramipril 10 mg capsule are equivalent for the purposes of substitution.

ramipril 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1316G							
NP	1	5	..	15.56	16.86	[a] APO-Ramipril [TX] [a] Tritace [SW]	[a] Ramipril Sandoz [SZ] [a] Tryzan Tabs 10 [AF]

ramipril 10 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8470T							
NP	1	5	..	15.56	16.86	[a] APO-Ramipril [TX] [a] Ramipril Sandoz [SZ] [a] Tritace 10 mg [SW]	[a] Prilace [RF] [a] Ramipril Winthrop [WA] [a] Tryzan Caps 10 [AF]

▪ RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 1.25 mg tablet and pharmaceutical benefits that have the form ramipril 1.25 mg capsule are equivalent for the purposes of substitution.

ramipril 1.25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1944H							
NP	1	5	..	13.44	14.74	[a] Prilace [RF] [a] Ramipril Winthrop [WA] [a] Tryzan Tabs 1.25 [AF]	[a] Ramipril Sandoz [SZ] [a] Tritace 1.25 mg [SW]

ramipril 1.25 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9120B							
NP	1	5	..	13.44	14.74	[a] APO-Ramipril [TX]	[a] Tryzan Caps 1.25 [AF]

▪ RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 2.5 mg tablet and pharmaceutical benefits that have the form ramipril 2.5 mg capsule are equivalent for the purposes of substitution.

ramipril 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1945J							
NP	1	5	..	13.88	15.18	[a] APO-Ramipril [TX] [a] Ramipril Sandoz [SZ] [a] Tritace 2.5 mg [SW]	[a] Prilace [RF] [a] Ramipril Winthrop [WA] [a] Tryzan Tabs 2.5 [AF]

ramipril 2.5 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9121C							
NP	1	5	..	13.88	15.18	[a] APO-Ramipril [TX]	[a] Tryzan Caps 2.5 [AF]

▪ RAMIPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form ramipril 5 mg tablet and pharmaceutical benefits that have the form ramipril 5 mg capsule are equivalent for the purposes of substitution.

ramipril 5 mg capsule, 30

9122D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.23	15.53	[a] APO-Ramipril [TX]	[a] Tryzan Caps 5 [AF]

ramipril 5 mg tablet, 30

1946K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.23	15.53	[a] APO-Ramipril [TX]	[a] Prilace [RF]
					[a] Ramipril Sandoz [SZ]	[a] Ramipril Winthrop [WA]
					[a] Tritace 5 mg [SW]	[a] Tryzan Tabs 5 [AF]

▪ TRANDOLAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

trandolapril 500 microgram capsule, 28

2791X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.45	15.75	[a] Dolapril 0.5 [RW]	[a] Tranalpha [AF]
		[B]3.26	17.71	15.75	[a] Gopten [GO]	

trandolapril 1 mg capsule, 28

2792Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.18	17.48	[a] Dolapril 1 [RW]	[a] Tranalpha [AF]
		[B]3.37	19.55	17.48	[a] Gopten [GO]	

trandolapril 4 mg capsule, 28

8758Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	21.07	22.37	[a] Dolapril 4 [RW]	[a] Tranalpha [AF]
		[B]3.49	24.56	22.37	[a] Gopten [GO]	

trandolapril 2 mg capsule, 28

2793B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.94	18.24	[a] Dolapril 2 [RW]	[a] Tranalpha [AF]
		[B]3.42	20.36	18.24	[a] Gopten [GO]	

ACE INHIBITORS, COMBINATIONS

ACE inhibitors and diuretics

▪ ENALAPRIL + HYDROCHLOROTHIAZIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with a thiazide diuretic.

enalapril maleate 20 mg + hydrochlorothiazide 6 mg tablet, 30

8477E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	17.48	18.78	[a] Enalapril/HCT Sandoz [SZ]
		[B]6.96	24.44	18.78	[a] Renitec Plus 20/6 [AF]

▪ FOSINOPRIL + HYDROCHLOROTHIAZIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with a thiazide diuretic.

fosinopril sodium 20 mg + hydrochlorothiazide 12.5 mg tablet, 30

8401E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	20.48	21.78	[a] APO-Fosinopril HCTZ 20/12.5 [TX]	[a] Fosetic 20/12.5 [ZP]

▪ PERINDOPRIL + INDAPAMIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

perindopril arginine 2.5 mg + indapamide hemihydrate 625 microgram tablet, 30

2190G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	14.33	15.63	[a] PREXUM Combi LD 2.5/0.625 [RX]
		[B]7.61	21.94	15.63	[a] Coversyl Plus LD 2.5mg/0.625mg [SE]

▪ PERINDOPRIL + INDAPAMIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Note Pharmaceutical benefits that have the form perindopril with indapamide hemihydrate tablet (containing 4 mg perindopril erbumine-1.25 mg indapamide hemihydrate) and pharmaceutical benefits that have the form perindopril with indapamide hemihydrate tablet (containing 5 mg perindopril arginine-1.25 mg indapamide hemihydrate) are equivalent for the purposes of substitution.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with a thiazide-like diuretic.

perindopril erbumine 4 mg + indapamide hemihydrate 1.25 mg tablet, 30

8449Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.97	17.27	[a] APO-Perindopril/Indapamide [TX]	[a] GenRx Perindopril/ Indapamide 4/1.25 [GX]
					[a] Idaprex Combi 4/1.25 [SZ]	[a] Indosyl Combi 4/1.25 [RW]
		[B]2.79	18.76	17.27	[a] Perindo Combi 4/1.25 [AF]	

perindopril arginine 5 mg + indapamide hemihydrate 1.25 mg tablet, 30

2845R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	15.97	17.27	[a] Prexum Combi 5/1.25 [RX]
		[B]6.99	22.96	17.27	[a] Coversyl Plus 5mg/1.25mg [SE]

▪ QUINAPRIL + HYDROCHLOROTHIAZIDE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with a thiazide diuretic.

quinapril 20 mg + hydrochlorothiazide 12.5 mg tablet, 30

8590D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18.57	19.87	Accuretic 20/12.5mg [PF]

quinapril 10 mg + hydrochlorothiazide 12.5 mg tablet, 30

8589C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	17.66	18.96	Accuretic 10/12.5mg [PF]

ACE inhibitors and calcium channel blockers

▪ LERCANIDIPINE + ENALAPRIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

lercanidipine hydrochloride 10 mg + enalapril maleate 10 mg tablet, 28

9144G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	17.12	18.42	Zan-Extra 10/10 [GO]

lercanidipine hydrochloride 10 mg + enalapril maleate 20 mg tablet, 28

9145H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	17.85	19.15	Zan-Extra 10/20 [GO]

▪ PERINDOPRIL + AMLODIPINE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

Restricted benefit

Stable coronary heart disease

Clinical criteria:

- The treatment must not be for the initiation of therapy for coronary heart disease, **AND**
- The condition must be stabilised by treatment with perindopril and amlodipine at the same doses.

perindopril arginine 5 mg + amlodipine 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9347Y NP	1	5	..	16.62	17.92	[a] APO-Perindopril Arginine/Amlodipine 5/10 [TX]	[a] Reaptan 5/10 [RX]
			[B]9.29	25.91	17.92	[a] Coveram 5/10 [SE]	

perindopril arginine 10 mg + amlodipine 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9349C NP	1	5	..	18.04	19.34	[a] APO-Perindopril Arginine/Amlodipine 10/10 [TX]	[a] Reaptan 10/10 [RX]
			[B]9.85	27.89	19.34	[a] Coveram 10/10 [SE]	

perindopril arginine 10 mg + amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9348B NP	1	5	..	17.39	18.69	[a] APO-Perindopril Arginine/Amlodipine 10/5 [TX]	[a] Reaptan 10/5 [RX]
			[B]9.50	26.89	18.69	[a] Coveram 10/5 [SE]	

perindopril arginine 5 mg + amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9346X NP	1	5	..	15.98	17.28	[a] APO-Perindopril Arginine/Amlodipine 5/5 [TX]	[a] Reaptan 5/5 [RX]
			[B]8.93	24.91	17.28	[a] Coveram 5/5 [SE]	

▪ RAMIPRIL + FELODIPINE

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

ramipril 5 mg + felodipine 5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2629J NP	1	5	..	17.98	19.28	Triasyn 5.0/5.0 [SW]

ramipril 2.5 mg + felodipine 2.5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2626F NP	1	5	..	16.49	17.79	Triasyn 2.5/2.5 [SW]

▪ TRANDOLAPRIL + VERAPAMIL

Caution Use of ACE inhibitors during pregnancy is contraindicated since these drugs have been associated with foetal death in utero. The myocardial depressant effects of verapamil hydrochloride and of beta-blocking drugs are additive.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an ACE inhibitor; OR
- The condition must be inadequately controlled with verapamil.

trandolapril 2 mg + verapamil hydrochloride 180 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9387C NP	1	5	..	22.50	23.80	Tarka 2/180 [GO]

trandolapril 4 mg + verapamil hydrochloride 240 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2857J NP	1	5	..	28.57	29.87	Tarka 4/240 [GO]

ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs), PLAIN

Angiotensin II receptor blockers (ARBs), plain

▪ CANDESARTAN

candesartan cilexetil 8 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8296P NP	1	5	..	13.78	15.08	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] Blooms the Chemist Candesartan [IB]	[a] CANDESAN [RF]
						[a] Candesartan Aspen 8 [RW]	[a] Candesartan Sandoz [SZ]
			[B]13.16	26.94	15.08	[a] Atacand [AP]	

candesartan cilexetil 4 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8295N NP	1	5	..	12.92	14.22	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] Blooms the Chemist Candesartan [IB]	[a] CANDESAN [RF]
						[a] Candesartan Aspen 4 [RW]	[a] Candesartan Sandoz [SZ]
			[B]13.09	26.01	14.22	[a] Atacand [AP]	

candesartan cilexetil 32 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8889W NP	1	5	..	17.13	18.43	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] Blooms the Chemist Candesartan [IB]	[a] CANDESAN [RF]
						[a] Candesartan Aspen 32 [RW]	[a] Candesartan GH [GQ]
						[a] Candesartan Sandoz [SZ]	
			[B]13.41	30.54	18.43	[a] Atacand [AP]	

candesartan cilexetil 16 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8297Q NP	1	5	..	16.33	17.63	[a] Adesan [AF]	[a] APO-Candesartan [TX]
						[a] Blooms the Chemist Candesartan [IB]	[a] CANDESAN [RF]
						[a] Candesartan Aspen 16 [RW]	[a] Candesartan Sandoz [SZ]
			[B]13.35	29.68	17.63	[a] Atacand [AP]	

▪ EPROSARTAN

eprosartan 400 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8397Y NP	2	5	[T]7.00	*31.44	25.74	Teveten [GO]

eprosartan 600 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8447N NP	1	5	[T]3.50	31.07	28.87	Teveten [GO]

▪ EPROSARTAN

Authority required

Adverse effects occurring with all of the base-priced drugs

Authority required

Drug interactions occurring with all of the base-priced drugs

Authority required

Drug interactions expected to occur with all of the base-priced drugs

Authority required

Transfer to a base-priced drug would cause patient confusion resulting in problems with compliance

eprosartan 400 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8951D NP	2	5	..	*31.44	32.74	Teveten [GO]

eprosartan 600 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5491B NP	1	5	..	31.07	32.37	Teveten [GO]

▪ IRBESARTAN

irbesartan 300 mg tablet, 30

8248D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.92	17.22	[a] Abisart 300 [AL]	[a] APO-Irbesartan [TX]
					[a] AVSARTAN [RF]	[a] Blooms the Chemist Irbesartan [IB]
					[a] Irbesartan AN [EA]	[a] Irbesartan GH [GQ]
					[a] Irbesartan Sandoz [SZ]	
		[B]2.50	18.42	17.22	[a] Avapro [AV]	[a] Karvea [SW]

irbesartan 75 mg tablet, 30

8246B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	13.69	14.99	[a] Abisart 75 [AL]	[a] APO-Irbesartan [TX]
					[a] AVSARTAN [RF]	[a] Blooms the Chemist Irbesartan [IB]
					[a] Irbesartan AMNEAL [EF]	[a] Irbesartan AN [EA]
					[a] Irbesartan GH [GQ]	[a] Irbesartan Sandoz [SZ]
		[B]2.46	16.15	14.99	[a] Avapro [AV]	[a] Karvea [SW]

irbesartan 150 mg tablet, 30

8247C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.20	15.50	[a] Abisart 150 [AL]	[a] APO-Irbesartan [TX]
					[a] AVSARTAN [RF]	[a] Blooms the Chemist Irbesartan [IB]
					[a] Irbesartan GH [GQ]	[a] Irbesartan Sandoz [SZ]
		[B]2.47	16.67	15.50	[a] Avapro [AV]	[a] Karvea [SW]

▪ LOSARTAN

losartan potassium 50 mg tablet, 30

8203R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*27.72	29.02	Cozavan [AF]

losartan potassium 25 mg tablet, 30

5452Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	17.58	18.88	Cozavan [AF]

▪ OLMESARTAN

olmesartan medoxomil 40 mg tablet, 30

2148C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	20.82	22.12	[a] APO-Olmesartan [TX]	[a] APX-Olmesartan [TY]
					[a] OLMERTAN [RW]	[a] Olmesartan - MYL [AF]
					[a] Olmesartan Sandoz [SZ]	[a] Pharmacor Olmesartan 40 [CR]
		[B]3.51	24.33	22.12	[a] Olmetec [AL]	

olmesartan medoxomil 20 mg tablet, 30

2147B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.32	17.62	[a] APO-Olmesartan [TX]	[a] APX-Olmesartan [TY]
					[a] OLMERTAN [RW]	[a] Olmesartan - MYL [AF]
					[a] Olmesartan Sandoz [SZ]	[a] Pharmacor Olmesartan 20 [CR]
		[B]3.38	19.70	17.62	[a] Olmetec [AL]	

▪ TELMISARTAN

telmisartan 80 mg tablet, 28

8356T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.27	18.57	[a] APO-Telmisartan [TX]	[a] Mizart [AF]
					[a] Pharmacor Telmisartan 80 [CR]	[a] Telmisartan-DRLA [RZ]
					[a] Telmisartan GH [GQ]	[a] Telmisartan Sandoz [SZ]
					[a] Teltartan [RW]	
		[B]4.45	21.72	18.57	[a] Micardis [BY]	

telmisartan 40 mg tablet, 28

8355R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.14	15.44	[a] APO-Telmisartan [TX]	[a] Mizart [AF]
					[a] Pharmacor Telmisartan 40 [CR]	[a] Telmisartan-DRLA [RZ]
					[a] Telmisartan GH [GQ]	[a] Telmisartan Sandoz [SZ]

						[a] Teltartan [RW]	
			[B]4.21	18.35	15.44	[a] Micardis [BY]	

▪ VALSARTAN

valsartan 40 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9368C							
NP	1	..	..	17.05	18.35	[a] Dilart [AF]	[a] Diovan [NV]

valsartan 160 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9370E							
NP	1	5	..	21.26	22.56	[a] Dilart [AF]	[a] Diovan [NV]

valsartan 80 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9369D							
NP	1	5	..	19.23	20.53	[a] Dilart [AF]	[a] Diovan [NV]

▪ VALSARTAN

Note No applications for increased maximum quantities and/or repeats will be authorised for the 320 mg tablet.

valsartan 320 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9371F							
NP	1	5	..	23.85	25.15	[a] Dilart [AF]	[a] Diovan [NV]

ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs), COMBINATIONS

Angiotensin II receptor blockers (ARBs) and diuretics

▪ CANDESARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

candesartan cilexetil 32 mg + hydrochlorothiazide 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9315G							
NP	1	5	..	18.09	19.39	[a] Adesan HCT 32/25 [AF]	[a] APO-Candesartan HCTZ 32/25 [TX]
						[a] Blooms the Chemist Candesartan HCTZ 32/25 [IB]	[a] CANDESAN COMBI 32/25 [RF]
						[a] Candesartan Combi Aspen 32/25 [RW]	[a] Candesartan HCT GH 32/25 [GQ]
						[a] Candesartan/HCT Sandoz [SZ]	
			[B]13.47	31.56	19.39	[a] Atacand Plus 32/25 [AP]	

candesartan cilexetil 16 mg + hydrochlorothiazide 12.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8504N							
NP	1	5	..	16.61	17.91	[a] Adesan HCT 16/12.5 [AF]	[a] APO-Candesartan HCTZ 16/12.5 [TX]
						[a] Blooms the Chemist Candesartan HCTZ 16/12.5 [IB]	[a] CANDESAN COMBI 16/12.5 [RF]
						[a] Candesartan Combi Aspen 16/12.5 [RW]	[a] Candesartan/HCT Sandoz [SZ]
			[B]13.37	29.98	17.91	[a] Atacand Plus 16/12.5 [AP]	

candesartan cilexetil 32 mg + hydrochlorothiazide 12.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9314F							
NP	1	5	..	17.31	18.61	[a] Adesan HCT 32/12.5 [AF]	[a] APO-Candesartan HCTZ 32/12.5 [TX]
						[a] Blooms the Chemist Candesartan HCTZ 32/12.5 [IB]	[a] CANDESAN COMBI 32/12.5 [RF]
						[a] Candesartan Combi Aspen 32/12.5 [RW]	[a] Candesartan/HCT Sandoz [SZ]
			[B]13.42	30.73	18.61	[a] Atacand Plus 32/12.5 [AP]	

▪ EPROSARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

eprosartan 600 mg + hydrochlorothiazide 12.5 mg tablet, 28

8624X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	29.05	30.35	Teveten Plus 600/12.5 [GO]

▪ IRBESARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

irbesartan 150 mg + hydrochlorothiazide 12.5 mg tablet, 30

8404H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.45	15.75	[a] Abisart HCTZ 150/12.5 [AL]	[a] APO-Irbesartan HCTZ [TX]
					[a] AVSARTAN HCT 150/12.5 [RF]	[a] Blooms the Chemist Irbesartan HCTZ 150/12.5 [IB]
					[a] Irbesartan/HCT Sandoz [SZ]	[a] KSART HCT 150/12.5 [RW]
		[B]2.47	16.92	15.75	[a] Avapro HCT 150/12.5 [AV]	[a] Karvezide 150/12.5 [SW]

irbesartan 300 mg + hydrochlorothiazide 25 mg tablet, 30

2136K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.41	17.71	[a] Abisart HCTZ 300/25 [AL]	[a] APO-Irbesartan HCTZ [TX]
					[a] AVSARTAN HCT 300/25 [RF]	[a] Blooms the Chemist Irbesartan HCTZ 300/25 [IB]
					[a] Irbesartan/HCT Sandoz [SZ]	[a] KSART HCT 300/25 [RW]
		[B]2.53	18.94	17.71	[a] Avapro HCT 300/25 [AV]	[a] Karvezide 300/25 [SW]

irbesartan 300 mg + hydrochlorothiazide 12.5 mg tablet, 30

8405J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.09	17.39	[a] Abisart HCTZ 300/12.5 [AL]	[a] APO-Irbesartan HCTZ [TX]
					[a] AVSARTAN HCT 300/12.5 [RF]	[a] Blooms the Chemist Irbesartan HCTZ 300/12.5 [IB]
					[a] Irbesartan/HCT Sandoz [SZ]	[a] KSART HCT 300/12.5 [RW]
		[B]2.51	18.60	17.39	[a] Avapro HCT 300/12.5 [AV]	[a] Karvezide 300/12.5 [SW]

▪ OLMESARTAN MEDOXOMIL + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

olmesartan medoxomil 20 mg + hydrochlorothiazide 12.5 mg tablet, 30

2161R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.06	18.36	[a] APO-Olmesartan/HCTZ 20/12.5 [TX]	[a] APX-Olmesartan/HCTZ [TY]
					[a] OLMERTAN COMBI 20/12.5 [RW]	[a] Olmesartan HCT - MYL 20/12.5 [AF]
					[a] Olmesartan/HCT Sandoz [SZ]	[a] Pharmacor Olmesartan HCTZ 20/12.5 [CR]
		[B]1.51	18.57	18.36	[a] Olmetec Plus [AL]	

olmesartan medoxomil 40 mg + hydrochlorothiazide 12.5 mg tablet, 30

2166B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	21.18	22.48	[a] APO-Olmesartan/HCTZ 40/12.5 [TX]	[a] APX-Olmesartan/HCTZ [TY]
					[a] OLMERTAN COMBI 40/12.5 [RW]	[a] Olmesartan HCT - MYL 40/12.5 [AF]
					[a] Olmesartan/HCT Sandoz [SZ]	[a] Pharmacor Olmesartan HCTZ 40/12.5 [CR]
		[B]5.00	26.18	22.48	[a] Olmetec Plus [AL]	

olmesartan medoxomil 40 mg + hydrochlorothiazide 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2170F NP	1	5	..	22.37	23.67	[a] APO-Olmesartan/HCTZ 40/25 [TX]	[a] APX-Olmesartan/HCTZ [TY]
						[a] OLMERTAN COMBI 40/25 [RW]	[a] Olmesartan HCT - MYL 40/25 [AF]
						[a] Olmesartan/HCT Sandoz [SZ]	[a] Pharmacor Olmesartan HCTZ 40/25 [CR]
			[B]1.59	23.96	23.67	[a] Olmetec Plus [AL]	

▪ TELMISARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

telmisartan 40 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8622T NP	1	5	..	14.61	15.91	[a] APO-Telmisartan HCTZ 40/12.5 [TX]	[a] Mizart HCT 40/12.5 mg [AF]
						[a] Telmisartan HCT GH 40/12.5 [GQ]	[a] Telmisartan/HCT Sandoz [SZ]
						[a] Teltartan HCT 40/12.5 [RW]	
			[B]4.25	18.86	15.91	[a] Micardis Plus 40/12.5 mg [BY]	

telmisartan 80 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9381R NP	1	5	..	18.27	19.57	[a] APO-Telmisartan HCTZ 80/25 [TX]	[a] Mizart HCT 80/25 mg [AF]
						[a] Telmisartan HCT GH 80/25 [GQ]	[a] Telmisartan/HCT Sandoz [SZ]
						[a] Teltartan HCT 80/25 [RW]	
			[B]4.50	22.77	19.57	[a] Micardis Plus 80/25 mg [BY]	

telmisartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8623W NP	1	5	..	17.78	19.08	[a] APO-Telmisartan HCTZ 80/12.5 [TX]	[a] Mizart HCT 80/12.5 mg [AF]
						[a] Telmisartan HCT GH 80/12.5 [GQ]	[a] Telmisartan/HCT Sandoz [SZ]
						[a] Teltartan HCT 80/12.5 [RW]	
			[B]4.49	22.27	19.08	[a] Micardis Plus 80/12.5 mg [BY]	

▪ VALSARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9374J NP	1	5	..	22.41	23.71	[a] Co-Diovan 160/25 [NV]	[a] Dilart HCT 160/25 [AF]

valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9373H NP	1	5	..	21.33	22.63	[a] Co-Diovan 160/12.5 [NV]	[a] Dilart HCT 160/12.5 [AF]

valsartan 80 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9372G NP	1	5	..	19.52	20.82	[a] Co-Diovan 80/12.5 [NV]	[a] Dilart HCT 80/12.5 [AF]

▪ VALSARTAN + HYDROCHLOROTHIAZIDE

Note No applications for increased maximum quantities and/or repeats will be authorised for the tablets containing 320 mg valsartan.

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a thiazide diuretic.

valsartan 320 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9481B NP	1	5	..	23.64	24.94	[a] Co-Diovan 320/12.5 [NV]	[a] Dilart HCT 320/12.5 [AF]

valsartan 320 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9482C NP	1	5	..	24.71	26.01	[a] Co-Diovan 320/25 [NV]	[a] Dilart HCT 320/25 [AF]

Angiotensin II receptor blockers (ARBs) and calcium channel blockers

▪ AMLODIPINE + VALSARTAN

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

amlodipine 5 mg + valsartan 80 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9375K NP	1	5	..	20.06	21.36	[a] Valsartan/Amlodipine Novartis 80/5 [NM]
			[B]3.00	23.06	21.36	[a] Exforge 5/80 [NV]

amlodipine 5 mg + valsartan 160 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9376L NP	1	5	..	22.09	23.39	[a] Valsartan/Amlodipine Novartis 160/5 [NM]
			[B]3.00	25.09	23.39	[a] Exforge 5/160 [NV]

amlodipine 10 mg + valsartan 320 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5460J NP	1	5	..	25.33	26.63	[a] Valsartan/Amlodipine Novartis 320/10 [NM]
			[B]3.00	28.33	26.63	[a] Exforge 10/320 [NV]

amlodipine 5 mg + valsartan 320 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5459H NP	1	5	..	24.68	25.98	[a] Valsartan/Amlodipine Novartis 320/5 [NM]
			[B]3.00	27.68	25.98	[a] Exforge 5/320 [NV]

amlodipine 10 mg + valsartan 160 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9377M NP	1	5	..	22.74	24.04	[a] Valsartan/Amlodipine Novartis 160/10 [NM]
			[B]3.00	25.74	24.04	[a] Exforge 10/160 [NV]

▪ OLMESARTAN MEDOXOMIL + AMLODIPINE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

olmesartan medoxomil 40 mg + amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5293N NP	1	5	..	20.58	21.88	[a] OLMEKAR [RW]	[a] Olmesartan/Amlodipine 40/5 APOTEX [TX]
						[a] Olmesartan/Amlodipine - MYL 40/5 [AF]	[a] Pharmacor Olmesartan Amlodipine 40/5 [CR]
			[B]3.00	23.58	21.88	[a] Sevikar 40/5 [AL]	

olmesartan medoxomil 40 mg + amlodipine 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5294P NP	1	5	..	21.20	22.50	[a] OLMEKAR [RW]	[a] Olmesartan/Amlodipine 40/10 APOTEX [TX]

						[a] Olmesartan/Amlodipine - MYL 40/10 [AF]	[a] Pharmacor Olmesartan Amlodipine 40/10 [CR]
			[B]3.00	24.20	22.50	[a] Sevikar 40/10 [AL]	

olmesartan medoxomil 20 mg + amlodipine 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5292M NP	1	5	..	16.60	17.90	[a] OLMEKAR [RW]	[a] Olmesartan/Amlodipine 20/5 APOTEX [TX]
						[a] Olmesartan/Amlodipine - MYL 20/5 [AF]	[a] Pharmacor Olmesartan Amlodipine 20/5 [CR]
						[a] Sevikar 20/5 [AL]	

▪ TELMISARTAN + AMLODIPINE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with an angiotensin II antagonist; OR
- The condition must be inadequately controlled with a dihydropyridine calcium channel blocker.

telmisartan 80 mg + amlodipine 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8981Q NP	1	5	..	18.69	19.99	[a] Pritor/Amlodipine [FI]
			[B]4.50	23.19	19.99	[a] Twynsta [BY]

telmisartan 40 mg + amlodipine 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8978M NP	1	5	..	14.91	16.21	[a] Pritor/Amlodipine [FI]
			[B]4.27	19.18	16.21	[a] Twynsta [BY]

telmisartan 80 mg + amlodipine 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8980P NP	1	5	..	18.05	19.35	[a] Pritor/Amlodipine [FI]
			[B]4.50	22.55	19.35	[a] Twynsta [BY]

telmisartan 40 mg + amlodipine 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8979N NP	1	5	..	15.51	16.81	[a] Pritor/Amlodipine [FI]
			[B]4.32	19.83	16.81	[a] Twynsta [BY]

Angiotensin II receptor blockers (ARBs), other combinations

▪ AMLODIPINE + VALSARTAN + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.

amlodipine 10 mg + valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5288H NP	1	5	..	25.77	27.07	[a] Valsartan/Amlodipine/HCT Novartis 160/10/25 [NM]
			[B]3.00	28.77	27.07	[a] Exforge HCT 10/160/25 [NV]

amlodipine 10 mg + valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5287G NP	1	5	..	24.25	25.55	[a] Valsartan/Amlodipine/HCT Novartis 160/10/12.5 [NM]
			[B]3.00	27.25	25.55	[a] Exforge HCT 10/160/12.5 [NV]

amlodipine 5 mg + valsartan 160 mg + hydrochlorothiazide 12.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5285E NP	1	5	..	23.61	24.91	[a] Valsartan/Amlodipine/HCT Novartis 160/5/12.5 [NM]
			[B]3.00	26.61	24.91	[a] Exforge HCT 5/160/12.5 [NV]

amlodipine 5 mg + valsartan 160 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5286F NP	1	5	..	25.12	26.42	[a] Valsartan/Amlodipine/HCT Novartis 160/5/25 [NM]
			[B]3.00	28.12	26.42	[a] Exforge HCT 5/160/25 [NV]

amlodipine 10 mg + valsartan 320 mg + hydrochlorothiazide 25 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5289J NP	1	5	..	28.36	29.66	[a] Valsartan/Amlodipine/HCT Novartis 320/10/25 [NM]
			[B]3.00	31.36	29.66	[a] Exforge HCT 10/320/25 [NV]

▪ OLMESARTAN + AMLODIPINE + HYDROCHLOROTHIAZIDE

Restricted benefit

Hypertension

Clinical criteria:

- The treatment must not be for the initiation of anti-hypertensive therapy, **AND**
- The condition must be inadequately controlled with concomitant treatment with two of the following: an angiotensin II antagonist, a dihydropyridine calcium channel blocker or a thiazide diuretic.

olmesartan medoxomil 40 mg + amlodipine 10 mg + hydrochlorothiazide 12.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2836G NP	1	5	..	22.77	24.07	[a] APO-Olmesartan/Amlodipine/HCTZ 40/10/12.5 [TX]	[a] Olmekar HCT 40/10/12.5 [RF]
			[B]3.00	25.77	24.07	[a] Sevikar HCT 40/10/12.5 [AF]	

olmesartan medoxomil 40 mg + amlodipine 5 mg + hydrochlorothiazide 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2864R NP	1	5	..	23.72	25.02	[a] APO-Olmesartan/Amlodipine/HCTZ 40/5/25 tablet [TX]	[a] Olmekar HCT 40/5/25 [RF]
			[B]3.00	26.72	25.02	[a] Sevikar HCT 40/5/25 [AF]	

olmesartan medoxomil 40 mg + amlodipine 10 mg + hydrochlorothiazide 25 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2953K NP	1	5	..	24.34	25.64	[a] APO-Olmesartan/Amlodipine/HCTZ 40/10/25 [TX]	[a] Olmekar HCT 40/10/25 [RF]
			[B]3.00	27.34	25.64	[a] Sevikar HCT 40/10/25 [AF]	

olmesartan medoxomil 40 mg + amlodipine 5 mg + hydrochlorothiazide 12.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2880N NP	1	5	..	22.15	23.45	[a] APO-Olmesartan/Amlodipine/HCTZ 40/5/12.5 tablet [TX]	[a] Olmekar HCT 40/5/12.5 [RF]
			[B]3.00	25.15	23.45	[a] Sevikar HCT 40/5/12.5 [AF]	

olmesartan medoxomil 20 mg + amlodipine 5 mg + hydrochlorothiazide 12.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10005N NP	1	5	..	18.07	19.37	[a] APO-Olmesartan/Amlodipine/HCTZ 20/5/12.5 [TX]	[a] Olmekar HCT 20/5/12.5 [RF]
			[B]3.00	21.07	19.37	[a] Sevikar HCT 20/5/12.5 [AF]	

▪ SACUBITRIL + VALSARTAN

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Continuing therapy by a nurse practitioner may include dose titrations/changes, but only after therapy was initiated by a medical practitioner.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

11680

Chronic heart failure

Clinical criteria:

- Patient must be symptomatic with NYHA classes II, III or IV, **AND**
- Patient must have a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%, **AND**
- Patient must receive concomitant optimal standard chronic heart failure treatment**,** which must include a beta-blocker, unless at least one of the following is present in relation to the beta-blocker: (i) a contraindication listed in the Product Information, (ii) an existing/expected intolerance, (iii) local treatment guidelines recommend initiation of this drug product prior to a beta-blocker, **AND**
- Patient must have been stabilised on an ACE inhibitor at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated; OR
- Patient must have been stabilised on an angiotensin II antagonist at the time of initiation with this drug, unless such treatment is contraindicated according to the TGA-approved Product Information or cannot be tolerated, **AND**

- The treatment must not be co-administered with an ACE inhibitor or an angiotensin II antagonist.

sacubitril 48.6 mg + valsartan 51.4 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11131W NP	1	5	..	202.95	41.30	Entresto [NV]

sacubitril 24.3 mg + valsartan 25.7 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11123K NP	1	5	..	202.95	41.30	Entresto [NV]

sacubitril 97.2 mg + valsartan 102.8 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11122J NP	1	5	..	202.95	41.30	Entresto [NV]

▪ LIPID MODIFYING AGENTS

LIPID MODIFYING AGENTS, PLAIN

HMG CoA reductase inhibitors

▪ ATORVASTATIN

atorvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8521L NP	1	5	..	16.71	18.01	[a] APO-Atorvastatin [TX] [a] Atorvastatin GH [GQ] [a] Blooms the Chemist Atorvastatin [IB] [a] Lorstat 80 [AF] [a] Pharmacor Atorvastatin [CR] [a] Trovas [RA]	[a] Atorvachol [RF] [a] Atorvastatin SZ [HX] [a] Lipitor [AS] [a] NOUMED ATORVASTATIN [VO] [a] Torvastat 80 [RW]

atorvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8214H NP	1	5	..	14.59	15.89	[a] APO-Atorvastatin [TX] [a] Atorvastatin GH [GQ] [a] Blooms the Chemist Atorvastatin [IB] [a] Lorstat 20 [AF] [a] Pharmacor Atorvastatin [CR] [a] Trovas [RA]	[a] Atorvachol [RF] [a] Atorvastatin SZ [HX] [a] Lipitor [AS] [a] NOUMED ATORVASTATIN [VO] [a] Torvastat 20 [RW]

atorvastatin 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8215J NP	1	5	..	15.44	16.74	[a] APO-Atorvastatin [TX] [a] Atorvastatin GH [GQ] [a] Blooms the Chemist Atorvastatin [IB] [a] Lorstat 40 [AF] [a] Pharmacor Atorvastatin [CR] [a] Trovas [RA]	[a] Atorvachol [RF] [a] Atorvastatin SZ [HX] [a] Lipitor [AS] [a] NOUMED ATORVASTATIN [VO] [a] Torvastat 40 [RW]

atorvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8213G NP	1	5	..	13.91	15.21	[a] APO-Atorvastatin [TX] [a] Atorvastatin GH [GQ] [a] Blooms the Chemist Atorvastatin [IB] [a] Lorstat 10 [AF] [a] Pharmacor Atorvastatin [CR] [a] Trovas [RA]	[a] Atorvachol [RF] [a] Atorvastatin SZ [HX] [a] Lipitor [AS] [a] NOUMED ATORVASTATIN [VO] [a] Torvastat 10 [RW]

▪ ATORVASTATIN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

atorvastatin 80 mg tablet, 30

9233Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	11	..	16.71	18.01	[a] APO-Atorvastatin [TX]	[a] Atorvachol [RF]
					[a] Atorvastatin GH [GQ]	[a] Atorvastatin SZ [HX]
					[a] Blooms the Chemist Atorvastatin [IB]	[a] Lipitor [AS]
					[a] Lorstat 80 [AF]	[a] NOUMED ATORVASTATIN [VO]
					[a] Pharmacor Atorvastatin [CR]	[a] Torvastat 80 [RW]
					[a] Trovas [RA]	

atorvastatin 20 mg tablet, 30

9231W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	11	..	14.59	15.89	[a] APO-Atorvastatin [TX]	[a] Atorvachol [RF]
					[a] Atorvastatin GH [GQ]	[a] Atorvastatin SZ [HX]
					[a] Blooms the Chemist Atorvastatin [IB]	[a] Lipitor [AS]
					[a] Lorstat 20 [AF]	[a] NOUMED ATORVASTATIN [VO]
					[a] Pharmacor Atorvastatin [CR]	[a] Torvastat 20 [RW]
					[a] Trovas [RA]	

atorvastatin 40 mg tablet, 30

9232X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	11	..	15.44	16.74	[a] APO-Atorvastatin [TX]	[a] Atorvachol [RF]
					[a] Atorvastatin GH [GQ]	[a] Atorvastatin SZ [HX]
					[a] Blooms the Chemist Atorvastatin [IB]	[a] Lipitor [AS]
					[a] Lorstat 40 [AF]	[a] NOUMED ATORVASTATIN [VO]
					[a] Pharmacor Atorvastatin [CR]	[a] Torvastat 40 [RW]
					[a] Trovas [RA]	

atorvastatin 10 mg tablet, 30

9230T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	11	..	13.91	15.21	[a] APO-Atorvastatin [TX]	[a] Atorvachol [RF]
					[a] Atorvastatin GH [GQ]	[a] Atorvastatin SZ [HX]
					[a] Blooms the Chemist Atorvastatin [IB]	[a] Lipitor [AS]
					[a] Lorstat 10 [AF]	[a] NOUMED ATORVASTATIN [VO]
					[a] Pharmacor Atorvastatin [CR]	[a] Torvastat 10 [RW]
					[a] Trovas [RA]	

▪ FLUVASTATIN

fluvastatin 80 mg modified release tablet, 28

2863Q

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	46.58	41.30	Lescol XL [NV]

▪ FLUVASTATIN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

fluvastatin 80 mg modified release tablet, 28

9236D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	11	..	46.58	41.30	Lescol XL [NV]

▪ PRAVASTATIN

pravastatin sodium 10 mg tablet, 30

2833D

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	13.92	15.22	[a] APO-Pravastatin [TX]	[a] APX-Pravastatin [TY]
					[a] Lipostat 10 [RF]	[a] Pravastatin Sandoz [SZ]
		[B]2.75	16.67	15.22	[a] Cholstat 10 [AF]	
		[B]3.09	17.01	15.22	[a] Pravachol [RW]	

pravastatin sodium 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8197K NP	1	5	..	16.02	17.32	[a] APO-Pravastatin [TX] [a] Cholstat 40 [AF] [a] Pravastatin Sandoz [SZ]	[a] APX-Pravastatin [TY] [a] Lipostat 40 [RF]
			[B]3.19	19.21	17.32	[a] Pravachol [RW]	

pravastatin sodium 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8829Q NP	1	5	..	17.92	19.22	[a] APO-Pravastatin [TX] [a] Lipostat 80 [RF] [a] Pravastatin Sandoz [SZ]	[a] APX-Pravastatin [TY] [a] Pravastatin generichealth [GQ]
			[B]3.49	21.41	19.22	[a] Pravachol [RW]	

pravastatin sodium 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2834E NP	1	5	..	14.76	16.06	[a] APO-Pravastatin [TX] [a] Cholstat 20 [AF] [a] Pravastatin generichealth [GQ]	[a] APX-Pravastatin [TY] [a] Lipostat 20 [RF] [a] Pravastatin Sandoz [SZ]
			[B]3.10	17.86	16.06	[a] Pravachol [RW]	

▪ PRAVASTATIN

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

pravastatin sodium 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9237E	1	11	..	13.92	15.22	[a] APO-Pravastatin [TX] [a] Lipostat 10 [RF]	[a] APX-Pravastatin [TY] [a] Pravastatin Sandoz [SZ]
			[B]2.75	16.67	15.22	[a] Cholstat 10 [AF]	
			[B]3.09	17.01	15.22	[a] Pravachol [RW]	

pravastatin sodium 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9239G	1	11	..	16.02	17.32	[a] APO-Pravastatin [TX] [a] Cholstat 40 [AF] [a] Pravastatin Sandoz [SZ]	[a] APX-Pravastatin [TY] [a] Lipostat 40 [RF]
			[B]3.19	19.21	17.32	[a] Pravachol [RW]	

pravastatin sodium 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9240H	1	11	..	17.92	19.22	[a] APO-Pravastatin [TX] [a] Lipostat 80 [RF] [a] Pravastatin Sandoz [SZ]	[a] APX-Pravastatin [TY] [a] Pravastatin generichealth [GQ]
			[B]3.49	21.41	19.22	[a] Pravachol [RW]	

pravastatin sodium 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9238F	1	11	..	14.76	16.06	[a] APO-Pravastatin [TX] [a] Cholstat 20 [AF] [a] Pravastatin generichealth [GQ]	[a] APX-Pravastatin [TY] [a] Lipostat 20 [RF] [a] Pravastatin Sandoz [SZ]
			[B]3.10	17.86	16.06	[a] Pravachol [RW]	

▪ ROSUVASTATIN

rosuvastatin 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2628H NP	1	5	..	15.65	16.95	[a] APO-Rosuvastatin [TX] [a] Blooms the Chemist Rosuvastatin [IB] [a] Cavstat [AF] [a] Noumed Rosuvastatin [VO] [a] Rosuvastatin APOTEX [GX] [a] Rosuvastatin Lupin [GQ] [a] Rosuvastatin Sandoz [SZ]	[a] APX-Rosuvastatin [TY] [a] BTC Rosuvastatin [JB] [a] Crosuva 10 [RW] [a] Pharmacor Rosuvastatin 10 [CR] [a] Rosuvastatin generichealth [HQ] [a] Rosuvastatin RBX [RA]
			[B]2.86	18.51	16.95	[a] Crestor [FK]	

rosuvastatin 5 mg tablet, 30

2606E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.19	15.49	[a] APO-Rosuvastatin [TX]	[a] APX-Rosuvastatin [TY]
					[a] Blooms the Chemist Rosuvastatin [IB]	[a] BTC Rosuvastatin [JB]
					[a] Cavstat [AF]	[a] Crosuva 5 [RW]
					[a] Noumed Rosuvastatin [VO]	[a] Pharmacor Rosuvastatin 5 [CR]
					[a] Rosuvastatin APOTEX [GX]	[a] Rosuvastatin generichealth [HQ]
					[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
					[a] Rosuvastatin Sandoz [SZ]	
		[B]2.86	17.05	15.49	[a] Crestor [FK]	

rosuvastatin 40 mg tablet, 30

2594M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.55	18.85	[a] APO-Rosuvastatin [TX]	[a] APX-Rosuvastatin [TY]
					[a] Blooms the Chemist Rosuvastatin [IB]	[a] BTC Rosuvastatin [JB]
					[a] Cavstat [AF]	[a] Crosuva 40 [RW]
					[a] Noumed Rosuvastatin [VO]	[a] Pharmacor Rosuvastatin 40 [CR]
					[a] Rosuvastatin APOTEX [GX]	[a] Rosuvastatin generichealth [HQ]
					[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
					[a] Rosuvastatin Sandoz [SZ]	
		[B]3.83	21.38	18.85	[a] Crestor [FK]	

rosuvastatin 20 mg tablet, 30

2574L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.04	17.34	[a] APO-Rosuvastatin [TX]	[a] APX-Rosuvastatin [TY]
					[a] Blooms the Chemist Rosuvastatin [IB]	[a] BTC Rosuvastatin [JB]
					[a] Cavstat [AF]	[a] Crosuva 20 [RW]
					[a] Noumed Rosuvastatin [VO]	[a] Pharmacor Rosuvastatin 20 [CR]
					[a] Rosuvastatin APOTEX [GX]	[a] Rosuvastatin generichealth [HQ]
					[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
					[a] Rosuvastatin Sandoz [SZ]	
		[B]2.86	18.90	17.34	[a] Crestor [FK]	

▪ ROSUVASTATIN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

rosuvastatin 10 mg tablet, 30

2584B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	11	..	15.65	16.95	[a] APO-Rosuvastatin [TX]	[a] APX-Rosuvastatin [TY]
					[a] Blooms the Chemist Rosuvastatin [IB]	[a] BTC Rosuvastatin [JB]
					[a] Cavstat [AF]	[a] Crosuva 10 [RW]
					[a] Noumed Rosuvastatin [VO]	[a] Pharmacor Rosuvastatin 10 [CR]
					[a] Rosuvastatin APOTEX [GX]	[a] Rosuvastatin generichealth [HQ]
					[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
					[a] Rosuvastatin Sandoz [SZ]	
		[B]2.86	18.51	16.95	[a] Crestor [FK]	

rosuvastatin 5 mg tablet, 30

2590H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	11	..	14.19	15.49	[a] APO-Rosuvastatin [TX]	[a] APX-Rosuvastatin [TY]
					[a] Blooms the Chemist Rosuvastatin [IB]	[a] BTC Rosuvastatin [JB]
					[a] Cavstat [AF]	[a] Crosuva 5 [RW]
					[a] Noumed Rosuvastatin [VO]	[a] Pharmacor Rosuvastatin 5 [CR]

						[a] Rosuvastatin APOTEX [GX]	[a] Rosuvastatin generichealth [HQ]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	
			[B]2.86	17.05	15.49	[a] Crestor [FK]	

rosuvastatin 40 mg tablet, 30

2636R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	17.55	18.85	[a] APO-Rosuvastatin [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms the Chemist Rosuvastatin [IB]	[a] BTC Rosuvastatin [JB]
						[a] Cavstat [AF]	[a] Crosuva 40 [RW]
						[a] Noumed Rosuvastatin [VO]	[a] Pharmacor Rosuvastatin 40 [CR]
						[a] Rosuvastatin APOTEX [GX]	[a] Rosuvastatin generichealth [HQ]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	
			[B]3.83	21.38	18.85	[a] Crestor [FK]	

rosuvastatin 20 mg tablet, 30

2609H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	16.04	17.34	[a] APO-Rosuvastatin [TX]	[a] APX-Rosuvastatin [TY]
						[a] Blooms the Chemist Rosuvastatin [IB]	[a] BTC Rosuvastatin [JB]
						[a] Cavstat [AF]	[a] Crosuva 20 [RW]
						[a] Noumed Rosuvastatin [VO]	[a] Pharmacor Rosuvastatin 20 [CR]
						[a] Rosuvastatin APOTEX [GX]	[a] Rosuvastatin generichealth [HQ]
						[a] Rosuvastatin Lupin [GQ]	[a] Rosuvastatin RBX [RA]
						[a] Rosuvastatin Sandoz [SZ]	
			[B]2.86	18.90	17.34	[a] Crestor [FK]	

▪ SIMVASTATIN

simvastatin 40 mg tablet, 30

8173E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	14.66	15.96	[a] APO-Simvastatin [TX]	[a] NOUMED SIMVASTATIN [VO]
						[a] Simvar 40 [RW]	[a] Simvastatin generichealth [GQ]
						[a] Simvastatin Sandoz [SZ]	[a] Zimstat [AF]
			[B]7.25	21.91	15.96	[a] Lipex 40 [AL]	[a] Zocor [MQ]

simvastatin 20 mg tablet, 30

2012X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	14.00	15.30	[a] APO-Simvastatin [TX]	[a] NOUMED SIMVASTATIN [VO]
						[a] Simvar 20 [RW]	[a] Simvastatin generichealth [GQ]
						[a] Simvastatin Sandoz [SZ]	[a] Zimstat [AF]
			[B]7.20	21.20	15.30	[a] Lipex 20 [AL]	[a] Zocor [MQ]

simvastatin 80 mg tablet, 30

8313M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	15.59	16.89	[a] APO-Simvastatin [TX]	[a] Simvar 80 [RW]
						[a] Simvastatin Sandoz [SZ]	[a] Zimstat [AF]

simvastatin 10 mg tablet, 30

2011W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	13.53	14.83	[a] APO-Simvastatin [TX]	[a] NOUMED SIMVASTATIN [VO]
						[a] Simvar 10 [RW]	[a] Simvastatin generichealth [GQ]
						[a] Simvastatin Sandoz [SZ]	[a] Zimstat [AF]
			[B]5.00	18.53	14.83	[a] Lipex 10 [AL]	[a] Zocor [MQ]

simvastatin 5 mg tablet, 30

2013Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	13.25	14.55	[a] Simvastatin Sandoz [SZ]	[a] Zimstat [AF]

▪ SIMVASTATIN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

simvastatin 40 mg tablet, 30

9244M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	14.66	15.96	[a] APO-Simvastatin [TX]	[a] NOUMED SIMVASTATIN [VO]
						[a] Simvar 40 [RW]	[a] Simvastatin generichealth [GQ]
						[a] Simvastatin Sandoz [SZ]	[a] Zimstat [AF]
			[B]7.25	21.91	15.96	[a] Lipex 40 [AL]	[a] Zocor [MQ]

simvastatin 20 mg tablet, 30

9243L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	14.00	15.30	[a] APO-Simvastatin [TX]	[a] NOUMED SIMVASTATIN [VO]
						[a] Simvar 20 [RW]	[a] Simvastatin generichealth [GQ]
						[a] Simvastatin Sandoz [SZ]	[a] Zimstat [AF]
			[B]7.20	21.20	15.30	[a] Lipex 20 [AL]	[a] Zocor [MQ]

simvastatin 80 mg tablet, 30

9245N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	15.59	16.89	[a] APO-Simvastatin [TX]	[a] Simvar 80 [RW]
						[a] Simvastatin Sandoz [SZ]	[a] Zimstat [AF]

simvastatin 10 mg tablet, 30

9242K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	13.53	14.83	[a] APO-Simvastatin [TX]	[a] NOUMED SIMVASTATIN [VO]
						[a] Simvar 10 [RW]	[a] Simvastatin generichealth [GQ]
						[a] Simvastatin Sandoz [SZ]	[a] Zimstat [AF]
			[B]5.00	18.53	14.83	[a] Lipex 10 [AL]	[a] Zocor [MQ]

simvastatin 5 mg tablet, 30

9241J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	13.25	14.55	[a] Simvastatin Sandoz [SZ]	[a] Zimstat [AF]

Fibrates

▪ FENOFIBRATE

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

fenofibrate 145 mg tablet, 30

9023X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	24.75	26.05	[a] APO-Fenofibrate [TX]	[a] Blooms the Chemist Fenofibrate [IB]
						[a] Fenocol [YC]	[a] Fenofibrate Cipla [LR]
						[a] Fenofibrate Mylan [AF]	[a] FENOFIBRATE RBX [RA]
						[a] Fenofibrate Sandoz [SZ]	[a] Lipidil [GO]

fenofibrate 48 mg tablet, 60

9022W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	20.53	21.83	[a] APO-Fenofibrate [TX]	[a] Fenofibrate Mylan [AF]
						[a] FENOFIBRATE RBX [RA]	[a] Lipidil [GO]

▪ FENOFIBRATE

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

fenofibrate 145 mg tablet, 30

9247Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	11	..	24.75	26.05	[a] APO-Fenofibrate [TX]	[a] Blooms the Chemist Fenofibrate [IB]
						[a] Fenocol [YC]	[a] Fenofibrate Cipla [LR]
						[a] Fenofibrate Mylan [AF]	[a] FENOFIBRATE RBX [RA]

						[a] Fenofibrate Sandoz [SZ]	[a] Lipidil [GO]

fenofibrate 48 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9246P	1	11	..	20.53	21.83	[a] APO-Fenofibrate [TX]	[a] Fenofibrate Mylan [AF]
						[a] FENOFIBRATE RBX [RA]	[a] Lipidil [GO]

▪ GEMFIBROZIL

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

gemfibrozil 600 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1453L	1	5	..	21.98	23.28	[a] Ausgem [RW]	[a] Lipigem [AF]

NP

▪ GEMFIBROZIL

Note The risk of serious muscle toxicity is increased if this drug is used concomitantly with HMG CoA reductase inhibitors or other fibrates. Such combination therapy should be used with caution in patients with severe combined dyslipidaemia and high cardiovascular risk without any history of muscular disease and patients monitored closely for chronic signs of muscle toxicity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

gemfibrozil 600 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9248R	1	11	..	21.98	23.28	[a] Ausgem [RW]	[a] Lipigem [AF]

Bile acid sequestrants

▪ COLESTYRAMINE

colestyramine 4 g powder for oral liquid, 50 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2967E	2	5	..	*81.50	41.30	Questran Lite [GO]

NP

▪ COLESTYRAMINE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Primary hypercholesterolaemia

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

colestyramine 4 g powder for oral liquid, 50 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9249T	2	11	..	*81.50	41.30	Questran Lite [GO]

Other lipid modifying agents

▪ ALIROCUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

12010

Non-familial hypercholesterolaemia

Treatment Phase: Continuing treatment with this drug or switching treatment from another drug within the same pharmacological class

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have received PBS-subsidised treatment with a drug from the same pharmacological class as this drug for this PBS indication, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with another drug that belongs to the same pharmacological class as this drug.

Authority required (STREAMLINED)

12011

Familial heterozygous hypercholesterolaemia

Treatment Phase: Continuing treatment with this drug or switching treatment from another drug within the same pharmacological class

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have received PBS-subsidised treatment with a drug from the same pharmacological class as this drug for this PBS indication, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with another drug that belongs to the same pharmacological class as this drug, for this PBS indication.

alirocumab 150 mg/mL injection, 2 x 1 mL pen devices

12608N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	498.25	41.30	Praluent [SW]

alirocumab 75 mg/mL injection, 2 x 1 mL pen devices

12607M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	498.25	41.30	Praluent [SW]

▪ ALIROCUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Familial heterozygous hypercholesterolaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The condition must have been confirmed by genetic testing; OR
- The condition must have been confirmed by a Dutch Lipid Clinic Network Score of at least 6, **AND**
- Patient must have an LDL cholesterol level in excess of 2.6 millimoles per litre in the presence of symptomatic atherosclerotic cardiovascular disease; OR
- Patient must have an LDL cholesterol level in excess of 5 millimoles per litre, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily) according to the TGA-approved Product Information or the maximum tolerated dose of atorvastatin or rosuvastatin for at least 12 consecutive weeks in conjunction with dietary therapy and exercise; OR
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin; OR
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information, **AND**
- Patient must have been treated with ezetimibe for at least 12 consecutive weeks in conjunction with a statin (if tolerated), dietary therapy and exercise, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with another drug that belongs to the same pharmacological class as this drug, for this PBS indication.

Treatment criteria:

- Must be treated by a specialist physician.

Symptomatic atherosclerotic cardiovascular disease is defined as:

(i) the presence of symptomatic coronary artery disease (prior myocardial infarction, prior revascularisation procedure, angina associated with demonstrated significant coronary artery disease (50% or greater stenosis in 1 or more coronary arteries on imaging), or positive functional testing (e.g. myocardial perfusion scanning or stress echocardiography); or

(ii) the presence of symptomatic cerebrovascular disease (prior ischaemic stroke, prior revascularisation procedure, or transient ischaemic attack associated with 50% or greater stenosis in 1 or more cerebral arteries on imaging); or

(iii) the presence of symptomatic peripheral arterial disease (prior acute ischaemic event due to atherosclerosis, prior revascularisation procedure, or symptoms of ischaemia with evidence of significant peripheral artery disease (50% or greater stenosis in 1 or more peripheral arteries on imaging)).

The qualifying LDL cholesterol level following at least 12 consecutive weeks of combined treatment with a statin, ezetimibe, dietary therapy and exercise (unless treatment with a statin is contraindicated, or following completion of statin trials as described in these prescriber instructions in the event of clinically important adverse events) must be stated at the time of application, documented in the patient's medical records and must be no more than 8 weeks old.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

If treatment with atorvastatin or rosuvastatin results in development of a clinically important product-related adverse event resulting in treatment withdrawal, the patient must be treated with the alternative statin (atorvastatin or rosuvastatin) unless there is a contraindication (e.g. prior rhabdomyolysis) to the alternative statin. This retrial should occur after a washout period of at least 4 weeks, or if the creatine kinase (CK) level is elevated, retrial should not occur until CK has returned to normal.

In the event of a trial of the alternative statin, it is recommended that the patient is started with the minimum dose of statin in conjunction with ezetimibe. The dose of the alternative statin should be increased not more often than every 4 weeks until the recommended or maximum tolerated dose has been reached or target LDL-c has been achieved.

The following must be stated at the time of application and documented in the patient's medical records:

(i) the qualifying Dutch Lipid Clinic Network Score; or

(ii) the result of genetic testing confirming a diagnosis of familial heterozygous hypercholesterolaemia

One of the following must be stated at the time of application and documented in the patient's medical records regarding prior statin treatment:

(i) the patient was treated with atorvastatin 80 mg or rosuvastatin 40 mg or the maximum tolerated dose of either for 12 consecutive weeks; or

(ii) the doses, duration of treatment and details of adverse events experienced with trials with each of atorvastatin and rosuvastatin; or

(iii) the patient is contraindicated to treatment with a statin as defined in the TGA-approved Product Information.

Authority required

Non-familial hypercholesterolaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with another drug that belongs to the same pharmacological class as this drug, **AND**
- Patient must have symptomatic atherosclerotic cardiovascular disease, **AND**
- Patient must have an LDL cholesterol level in excess of 2.6 millimoles per litre prior to commencing treatment with a monoclonal antibody inhibiting proprotein convertase subtilisin kexin type 9 (PCSK9), **AND**
- Patient must have atherosclerotic disease in two or more vascular territories (coronary, cerebrovascular or peripheral vascular territories); OR
- Patient must have severe multi-vessel coronary heart disease defined as at least 50% stenosis in at least two large vessels; OR
- Patient must have had at least two major cardiovascular events (i.e. myocardial infarction, unstable angina, stroke or unplanned revascularisation) in the previous 5 years; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have a Thrombolysis in Myocardial Infarction (TIMI) risk score for secondary prevention of 4 or higher, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily) according to the TGA-approved Product Information or the maximum tolerated dose of atorvastatin or rosuvastatin for at least 12 consecutive weeks in conjunction with dietary therapy and exercise; OR
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin; OR
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information, **AND**
- Patient must have been treated with ezetimibe for at least 12 consecutive weeks in conjunction with a statin (if tolerated), dietary therapy and exercise.

Treatment criteria:

- Must be treated by a specialist physician.

Symptomatic atherosclerotic cardiovascular disease is defined as:

(i) the presence of symptomatic coronary artery disease (prior myocardial infarction, prior revascularisation procedure, angina associated with demonstrated significant coronary artery disease (50% or greater stenosis in 1 or more coronary arteries on imaging), or positive functional testing (e.g. myocardial perfusion scanning or stress echocardiography); or

(ii) the presence of symptomatic cerebrovascular disease (prior ischaemic stroke, prior revascularisation procedure, or transient ischaemic attack associated with 50% or greater stenosis in 1 or more cerebral arteries on imaging); or

(iii) the presence of symptomatic peripheral arterial disease (prior acute ischaemic event due to atherosclerosis, prior revascularisation procedure, or symptoms of ischaemia with evidence of significant peripheral artery disease (50% or greater stenosis in 1 or more peripheral arteries on imaging)).

The qualifying LDL cholesterol level following at least 12 consecutive weeks of combined treatment with a statin, ezetimibe, dietary therapy and exercise (unless treatment with a statin is contraindicated, or following completion of statin trials as described in these prescriber instructions in the event of clinically important adverse events) must be stated at the time of application, documented in the patient's medical records and must be no more than 8 weeks old.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

If treatment with atorvastatin or rosuvastatin results in development of a clinically important product-related adverse event resulting in treatment withdrawal, the patient must be treated with the alternative statin (atorvastatin or rosuvastatin) unless there is a contraindication (e.g. prior rhabdomyolysis) to the alternative statin. This retrial should occur after a washout period of at least 4 weeks, or if the creatine kinase (CK) level is elevated, retrial should not occur until CK has returned to normal.

In the event of a trial of the alternative statin, it is recommended that the patient is started with the minimum dose of statin in conjunction with ezetimibe. The dose of the alternative statin should be increased not more often than every 4 weeks until the recommended or maximum tolerated dose has been reached or target LDL-c has been achieved.

One of the following must be stated at the time of application and documented in the patient's medical records regarding prior statin treatment:

(i) the patient was treated with atorvastatin 80 mg or rosuvastatin 40 mg or the maximum tolerated dose of either for 12 consecutive weeks; or

(ii) the doses, duration of treatment and details of adverse events experienced with trials with each of atorvastatin and rosuvastatin; or

(iii) the patient is contraindicated to treatment with a statin as defined in the TGA-approved Product Information.

One or more of the following must be stated at the time of application and documented in the patient's medical records regarding the presence of cardiovascular disease or high risk of experiencing a cardiovascular event:

(i) atherosclerotic disease in two or more vascular territories (coronary, cerebrovascular or peripheral vascular territories); or

(ii) severe multi-vessel coronary heart disease defined as at least 50% stenosis in at least two large vessels; or

(iii) history of at least two major cardiovascular events (i.e. myocardial infarction, unstable angina, stroke or unplanned revascularisation) in the previous 5 years; or

(iv) diabetes mellitus with microalbuminuria; or

(v) diabetes mellitus and age 60 years of more; or

(vi) Aboriginal or Torres Strait Islander with diabetes mellitus; or

(vii) a Thrombolysis in Myocardial Infarction (TIMI) risk score for secondary prevention of 4 or higher

Authority required

Familial heterozygous hypercholesterolaemia

Treatment Phase: Grandfather treatment

Clinical criteria:

- Patient must have received non-PBS subsidised treatment with this drug for this PBS indication prior to 1 August 2021, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The condition must have been confirmed by genetic testing prior to starting non-PBS-subsidised treatment with this drug for this condition; OR
- The condition must have been confirmed by a Dutch Lipid Clinic Network Score of at least 6 prior to starting non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had an LDL cholesterol level in excess of 2.6 millimoles per litre in the presence of symptomatic atherosclerotic cardiovascular disease at the time non-PBS-subsidised treatment with this drug for this condition was initiated; OR
- Patient must have had an LDL cholesterol level in excess of 5 millimoles per litre at the time non-PBS-subsidised treatment with this drug for this condition was initiated, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily) according to the TGA-approved Product Information or the maximum tolerated dose of atorvastatin or rosuvastatin for at least 12 consecutive weeks in conjunction with dietary therapy and exercise prior to initiating non-PBS-subsidised treatment with this drug for this condition; OR
- Patient must have developed a clinically important product-related adverse event necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin prior to initiating non-PBS-subsidised treatment with this drug for this condition; OR
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information, **AND**
- Patient must have been treated with ezetimibe for at least 12 consecutive weeks in conjunction with a statin (if tolerated), dietary therapy and exercise prior to initiating non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with another drug that belongs to the same pharmacological class as this drug, for this PBS indication.

Treatment criteria:

- Must be treated by a specialist physician.

Symptomatic atherosclerotic cardiovascular disease is defined as:

(i) the presence of symptomatic coronary artery disease (prior myocardial infarction, prior revascularisation procedure, angina associated with demonstrated significant coronary artery disease (50% or greater stenosis in 1 or more coronary arteries on imaging), or positive functional testing (e.g. myocardial perfusion scanning or stress echocardiography); or

(ii) the presence of symptomatic cerebrovascular disease (prior ischaemic stroke, prior revascularisation procedure, or transient ischaemic attack associated with 50% or greater stenosis in 1 or more cerebral arteries on imaging); or

(iii) the presence of symptomatic peripheral arterial disease (prior acute ischaemic event due to atherosclerosis, prior revascularisation procedure, or symptoms of ischaemia with evidence of significant peripheral artery disease (50% or greater stenosis in 1 or more peripheral arteries on imaging)).

The qualifying LDL cholesterol level must have been measured following at least 12 consecutive weeks of combined treatment with a statin, ezetimibe, dietary therapy and exercise (unless treatment with a statin is contraindicated, or following completion of statin trials as described in these prescriber instructions in the event of clinically important adverse events), must be stated at the time of application, documented in the patient's medical records and must have been no more than 8 weeks old at the time non-PBS-subsidised treatment with this drug for this condition was initiated.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

If treatment with atorvastatin or rosuvastatin resulted in development of a clinically important product-related adverse event resulting in treatment withdrawal, the patient must have been treated with the alternative statin (atorvastatin or rosuvastatin) unless there was a contraindication (e.g. prior rhabdomyolysis) to the alternative statin. This retrial should have occurred after a washout period of at least 4 weeks, or if the creatine kinase (CK) level was elevated, the retrial should not have occurred until CK had returned to normal.

In the event of a trial of the alternative statin, the dose of the alternative statin should have been increased not more often than every 4 weeks until the maximum tolerated dose was reached or target LDL-c had been achieved.

The following must be stated at the time of application and documented in the patient's medical records:

(i) the qualifying Dutch Lipid Clinic Network Score; or

(ii) the result of genetic testing confirming a diagnosis of familial heterozygous hypercholesterolaemia

One of the following must be stated at the time of application and documented in the patient's medical records regarding prior statin treatment:

(i) the patient was treated with atorvastatin 80 mg or rosuvastatin 40 mg or the maximum tolerated dose of either for 12 consecutive weeks; or

(ii) the doses, duration of treatment and details of adverse events experienced with trials with each of atorvastatin and rosuvastatin; or

(iii) the patient is contraindicated to treatment with a statin as defined in the TGA-approved Product Information.

A patient may qualify for PBS-subsidised treatment under this restriction once only.

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

alirocumab 150 mg/mL injection, 2 x 1 mL pen devices

12604J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	498.25	41.30	Praluent [SW]

alirocumab 75 mg/mL injection, 2 x 1 mL pen devices

12613W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	498.25	41.30	Praluent [SW]

▪ EVOLOCUMAB

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10388

Familial homozygous hypercholesterolaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in conjunction with dietary therapy and exercise.

evolocumab 420 mg/3.5 mL injection, 3.5 mL cartridge

11972D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	539.18	41.30	Repatha [AN]

evolocumab 140 mg/mL injection, 1 mL pen device

11977J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*743.26	41.30	Repatha [AN]

▪ EVOLOCUMAB

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Familial homozygous hypercholesterolaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The condition must have been confirmed by genetic testing; OR
- The condition must have been confirmed by a Dutch Lipid Clinic Network Score of at least 7, **AND**
- Patient must have an LDL cholesterol level in excess of 2.6 millimoles per litre, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily) according to the TGA-approved Product Information or the maximum tolerated dose of atorvastatin or rosuvastatin for at least 12 consecutive weeks in conjunction with dietary therapy and exercise; OR
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin; OR
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information.

Treatment criteria:

- Must be treated by a specialist physician.

The qualifying LDL cholesterol level following at least 12 consecutive weeks of treatment with a statin (unless treatment with a statin is contraindicated or following completion of statin trials as described in these prescriber instructions in the event of clinically important adverse events) must be stated at the time of application, documented in the patient's medical records and must be no more than 8 weeks old.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

The following must be stated at the time of application and documented in the patient's medical records:

(i) the qualifying Dutch Lipid Clinic Network Score; or

(ii) the result of genetic testing confirming a diagnosis of familial homozygous hypercholesterolaemia

One of the following must be stated at the time of application and documented in the patient's medical records regarding prior statin treatment:

(i) the patient was treated with atorvastatin 80 mg or rosuvastatin 40 mg or the maximum tolerated dose of either for 12 consecutive weeks; or

(ii) the dose, duration of treatment and details of adverse events experienced with the trial of atorvastatin or rosuvastatin; or

(iii) the patient is contraindicated to treatment with a statin as defined in the TGA-approved Product Information

evolocumab 420 mg/3.5 mL injection, 3.5 mL cartridge

11193D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	539.18	41.30	Repatha [AN]

evolocumab 140 mg/mL injection, 1 mL pen device

10958R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*743.26	41.30	Repatha [AN]

▪ EVOLOCUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

12010

Non-familial hypercholesterolaemia

Treatment Phase: Continuing treatment with this drug or switching treatment from another drug within the same pharmacological class

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have received PBS-subsidised treatment with a drug from the same pharmacological class as this drug for this PBS indication, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with another drug that belongs to the same pharmacological class as this drug.

Authority required (STREAMLINED)

12011

Familial heterozygous hypercholesterolaemia

Treatment Phase: Continuing treatment with this drug or switching treatment from another drug within the same pharmacological class

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have received PBS-subsidised treatment with a drug from the same pharmacological class as this drug for this PBS indication, **AND**
- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with another drug that belongs to the same pharmacological class as this drug, for this PBS indication.

evolocumab 420 mg/3.5 mL injection, 3.5 mL cartridge

11986W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	539.18	41.30	Repatha [AN]

evolocumab 140 mg/mL injection, 1 mL pen device

11985T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*497.88	41.30	Repatha [AN]

▪ EVOLOCUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Familial heterozygous hypercholesterolaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The condition must have been confirmed by genetic testing; OR
- The condition must have been confirmed by a Dutch Lipid Clinic Network Score of at least 6, **AND**
- Patient must have an LDL cholesterol level in excess of 2.6 millimoles per litre in the presence of symptomatic atherosclerotic cardiovascular disease; OR
- Patient must have an LDL cholesterol level in excess of 5 millimoles per litre, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily) according to the TGA-approved Product Information or the maximum tolerated dose of atorvastatin or rosuvastatin for at least 12 consecutive weeks in conjunction with dietary therapy and exercise; OR
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin; OR
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information, **AND**
- Patient must have been treated with ezetimibe for at least 12 consecutive weeks in conjunction with a statin (if tolerated), dietary therapy and exercise, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with another drug that belongs to the same pharmacological class as this drug, for this PBS indication.

Treatment criteria:

- Must be treated by a specialist physician.

Symptomatic atherosclerotic cardiovascular disease is defined as:

(i) the presence of symptomatic coronary artery disease (prior myocardial infarction, prior revascularisation procedure, angina associated with demonstrated significant coronary artery disease (50% or greater stenosis in 1 or more coronary arteries on imaging), or positive functional testing (e.g. myocardial perfusion scanning or stress echocardiography); or

(ii) the presence of symptomatic cerebrovascular disease (prior ischaemic stroke, prior revascularisation procedure, or transient ischaemic attack associated with 50% or greater stenosis in 1 or more cerebral arteries on imaging); or

(iii) the presence of symptomatic peripheral arterial disease (prior acute ischaemic event due to atherosclerosis, prior revascularisation procedure, or symptoms of ischaemia with evidence of significant peripheral artery disease (50% or greater stenosis in 1 or more peripheral arteries on imaging)).

The qualifying LDL cholesterol level following at least 12 consecutive weeks of combined treatment with a statin, ezetimibe, dietary therapy and exercise (unless treatment with a statin is contraindicated, or following completion of statin trials as described in these prescriber instructions in the event of clinically important adverse events) must be stated at the time of application, documented in the patient's medical records and must be no more than 8 weeks old.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

If treatment with atorvastatin or rosuvastatin results in development of a clinically important product-related adverse event resulting in treatment withdrawal, the patient must be treated with the alternative statin (atorvastatin or rosuvastatin) unless there is a contraindication (e.g. prior rhabdomyolysis) to the alternative statin. This retrial should occur after a washout period of at least 4 weeks, or if the creatine kinase (CK) level is elevated, retrial should not occur until CK has returned to normal.

In the event of a trial of the alternative statin, it is recommended that the patient is started with the minimum dose of statin in conjunction with ezetimibe. The dose of the alternative statin should be increased not more often than every 4 weeks until the recommended or maximum tolerated dose has been reached or target LDL-c has been achieved.

The following must be stated at the time of application and documented in the patient's medical records:

(i) the qualifying Dutch Lipid Clinic Network Score; or

(ii) the result of genetic testing confirming a diagnosis of familial heterozygous hypercholesterolaemia

One of the following must be stated at the time of application and documented in the patient's medical records regarding prior statin treatment:

(i) the patient was treated with atorvastatin 80 mg or rosuvastatin 40 mg or the maximum tolerated dose of either for 12 consecutive weeks; or

(ii) the doses, duration of treatment and details of adverse events experienced with trials with each of atorvastatin and rosuvastatin; or

(iii) the patient is contraindicated to treatment with a statin as defined in the TGA-approved Product Information.

Authority required

Non-familial hypercholesterolaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must not be receiving concomitant PBS-subsidised treatment with another drug that belongs to the same pharmacological class as this drug, **AND**
- Patient must have symptomatic atherosclerotic cardiovascular disease, **AND**
- Patient must have an LDL cholesterol level in excess of 2.6 millimoles per litre, **AND**
- Patient must have atherosclerotic disease in two or more vascular territories (coronary, cerebrovascular or peripheral vascular territories); OR
- Patient must have severe multi-vessel coronary heart disease defined as at least 50% stenosis in at least two large vessels; OR
- Patient must have had at least two major cardiovascular events (i.e. myocardial infarction, unstable angina, stroke or unplanned revascularisation) in the previous 5 years; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have a Thrombolysis in Myocardial Infarction (TIMI) risk score for secondary prevention of 4 or higher, **AND**
- Patient must have been treated with the maximum recommended dose of atorvastatin (80 mg daily) or rosuvastatin (40 mg daily) according to the TGA-approved Product Information or the maximum tolerated dose of atorvastatin or rosuvastatin for at least 12 consecutive weeks in conjunction with dietary therapy and exercise; OR
- Patient must have developed clinically important product-related adverse events necessitating withdrawal of statin treatment to trials of each of atorvastatin and rosuvastatin; OR
- Patient must be contraindicated to treatment with a HMG CoA reductase inhibitor (statin) as defined in the TGA-approved Product Information, **AND**
- Patient must have been treated with ezetimibe for at least 12 consecutive weeks in conjunction with a statin (if tolerated), dietary therapy and exercise.

Treatment criteria:

- Must be treated by a specialist physician.

Symptomatic atherosclerotic cardiovascular disease is defined as:

(i) the presence of symptomatic coronary artery disease (prior myocardial infarction, prior revascularisation procedure, angina associated with demonstrated significant coronary artery disease (50% or greater stenosis in 1 or more coronary arteries on imaging), or positive functional testing (e.g. myocardial perfusion scanning or stress echocardiography); or

(ii) the presence of symptomatic cerebrovascular disease (prior ischaemic stroke, prior revascularisation procedure, or transient ischaemic attack associated with 50% or greater stenosis in 1 or more cerebral arteries on imaging); or

(iii) the presence of symptomatic peripheral arterial disease (prior acute ischaemic event due to atherosclerosis, prior revascularisation procedure, or symptoms of ischaemia with evidence of significant peripheral artery disease (50% or greater stenosis in 1 or more peripheral arteries on imaging)).

The qualifying LDL cholesterol level following at least 12 consecutive weeks of combined treatment with a statin, ezetimibe, dietary therapy and exercise (unless treatment with a statin is contraindicated, or following completion of statin trials as described in these prescriber instructions in the event of clinically important adverse events) must be stated at the time of application, documented in the patient's medical records and must be no more than 8 weeks old.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

If treatment with atorvastatin or rosuvastatin results in development of a clinically important product-related adverse event resulting in treatment withdrawal, the patient must be treated with the alternative statin (atorvastatin or rosuvastatin) unless there is a contraindication (e.g. prior rhabdomyolysis) to the alternative statin. This retrial should occur after a washout period of at least 4 weeks, or if the creatine kinase (CK) level is elevated, retrial should not occur until CK has returned to normal.

In the event of a trial of the alternative statin, it is recommended that the patient is started with the minimum dose of statin in conjunction with ezetimibe. The dose of the alternative statin should be increased not more often than every 4 weeks until the recommended or maximum tolerated dose has been reached or target LDL-c has been achieved.

One of the following must be stated at the time of application and documented in the patient's medical records regarding prior statin treatment:

(i) the patient was treated with atorvastatin 80 mg or rosuvastatin 40 mg or the maximum tolerated dose of either for 12 consecutive weeks; or

(ii) the doses, duration of treatment and details of adverse events experienced with trials with each of atorvastatin and rosuvastatin; or

(iii) the patient is contraindicated to treatment with a statin as defined in the TGA-approved Product Information.

One or more of the following must be stated at the time of application and documented in the patient's medical records regarding the presence of cardiovascular disease or high risk of experiencing a cardiovascular event:

(i) atherosclerotic disease in two or more vascular territories (coronary, cerebrovascular or peripheral vascular territories); or

(ii) severe multi-vessel coronary heart disease defined as at least 50% stenosis in at least two large vessels; or

(iii) history of at least two major cardiovascular events (i.e. myocardial infarction, unstable angina, stroke or unplanned revascularisation) in the previous 5 years; or

(iv) diabetes mellitus with microalbuminuria; or

(v) diabetes mellitus and age 60 years of more; or

(vi) Aboriginal or Torres Strait Islander with diabetes mellitus; or

(vii) a Thrombolysis in Myocardial Infarction (TIMI) risk score for secondary prevention of 4 or higher

evolocumab 420 mg/3.5 mL injection, 3.5 mL cartridge

11485L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	539.18	41.30	Repatha [AN]

evolocumab 140 mg/mL injection, 1 mL pen device

11484K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*497.88	41.30	Repatha [AN]

▪ EZETIMIBE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7990

Hypercholesterolaemia

Clinical criteria:

- Patient must have homozygous sitosterolaemia.

ezetimibe 10 mg tablet, 30

11408K

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.37	23.67	[a] EZEMICHOL [RW] [a] Zient 10mg [AF]	[a] Pharmacor Ezetimibe 10 [CR]
		[B]3.40	25.77	23.67	[a] Ezetrol [AL]	

▪ EZETIMIBE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7996

Hypercholesterolaemia

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- The treatment must be co-administered with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR

- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

Inadequate control with a statin is defined as a LDL cholesterol concentration in excess of current target lipid levels for primary and secondary prevention after at least 3 months of treatment at a maximum tolerated dose of a statin.

The dose and duration of statin treatment and the cholesterol concentration which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated.

The cholesterol concentration which shows inadequate control must be no more than 2 months old when ezetimibe is initiated.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

Authority required (STREAMLINED)

7966

Hypercholesterolaemia

Clinical criteria:

- Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a reduction in the statin dose; OR
- Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a withdrawal of the statin treatment; OR
- Patient must be one in whom treatment with an HMG CoA reductase inhibitor (statin) is contraindicated, **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

The type and severity of the adverse event or contraindication must be documented in the patient's medical records.

ezetimibe 10 mg tablet, 30

8757X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.37	23.67	[a] APO-Ezetimibe [TX]	[a] Blooms The Chemist Ezetimibe [IB]
					[a] EZEMICHOL [RW]	[a] Ezetimibe GH [GQ]
					[a] Ezetimibe Sandoz [SZ]	[a] Pharmacor Ezetimibe 10 [CR]
					[a] Zient 10mg [AF]	
		[B]3.40	25.77	23.67	[a] Ezetrol [AL]	

LIPID MODIFYING AGENTS, COMBINATIONS

Combinations of various lipid modifying agents

▪ EZETIMIBE (&) ROSUVASTATIN

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7957

Hypercholesterolaemia

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

Inadequate control with a statin is defined as a LDL cholesterol concentration in excess of current target lipid levels for primary and secondary prevention after at least 3 months of treatment at a maximum tolerated dose of a statin.

The dose and duration of statin treatment and the cholesterol concentration which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated.

The cholesterol concentration which shows inadequate control must be no more than 2 months old when ezetimibe is initiated.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

ezetimibe 10 mg tablet [30] (&) rosuvastatin 10 mg tablet [30], 60

10208G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	25.04	26.34	[a] Ezalo Composite Pack 10mg+10mg [AF]
		[B]4.00	29.04	26.34	[a] Rosuzet Composite Pack [AL]

ezetimibe 10 mg tablet [30] (&) rosuvastatin 40 mg tablet [30], 60

10207F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	25.72	27.02	[a] Ezalo Composite Pack 10mg+40mg [AF]
		[B]4.00	29.72	27.02	[a] Rosuzet Composite Pack [AL]

ezetimibe 10 mg tablet [30] (&) rosuvastatin 20 mg tablet [30], 60

10201X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	24.71	26.01	[a] Ezalo Composite Pack 10mg+20mg [AF]
		[B]4.00	28.71	26.01	[a] Rosuzet Composite Pack [AL]

▪ EZETIMIBE (&) ROSUVASTATIN

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

Authority required (STREAMLINED)

7958

Hypercholesterolaemia

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a reduction in the statin dose, **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR

- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

The type and severity of the adverse event or contraindication must be documented in the patient's medical records.

ezetimibe 10 mg tablet [30] (&) rosuvastatin 5 mg tablet [30], 60

10204C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	23.48	24.78	[a] Ezalo Composite Pack 10mg+5mg [AF]
		[B]4.00	27.48	24.78	[a] Rosuzet Composite Pack [AL]

NP

▪ EZETIMIBE + ATORVASTATIN

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Note Continuing Therapy Only:

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Authority required (STREAMLINED)

7957

Hypercholesterolaemia

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

Inadequate control with a statin is defined as a LDL cholesterol concentration in excess of current target lipid levels for primary and secondary prevention after at least 3 months of treatment at a maximum tolerated dose of a statin.

The dose and duration of statin treatment and the cholesterol concentration which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated.

The cholesterol concentration which shows inadequate control must be no more than 2 months old when ezetimibe is initiated.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

ezetimibe 10 mg + atorvastatin 80 mg tablet, 30

10376D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	26.91	28.21	[a] Atozet [AF]	[a] Ezetast [XT]

						[a] Ezetimibe/Atorvastatin GH 10/80 [GQ]	

NP

ezetimibe 10 mg + atorvastatin 40 mg tablet, 30

10377E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	25.54	26.84	[a] Atozet [AF] [a] Ezetimibe/Atorvastatin GH 10/40 [GQ]	[a] Ezetast [XT]

NP

ezetimibe 10 mg + atorvastatin 20 mg tablet, 30

10393B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	24.63	25.93	[a] Atozet [AF] [a] Ezetimibe/Atorvastatin GH 10/20 [GQ]	[a] Ezetast [XT]

NP

▪ EZETIMIBE + ATORVASTATIN

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Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

Authority required (STREAMLINED)

7958

Hypercholesterolaemia

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a reduction in the statin dose, **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

A clinically important product-related adverse event is defined as follows:

(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

The type and severity of the adverse event or contraindication must be documented in the patient's medical records.

ezetimibe 10 mg + atorvastatin 10 mg tablet, 30

10392Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	23.90	25.20	[a] Atozet [AF] [a] Ezetimibe/Atorvastatin GH 10/10 [GQ]	[a] Ezetast [XT]

NP

▪ EZETIMIBE + SIMVASTATIN

Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

7957

Hypercholesterolaemia

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR
- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

Inadequate control with a statin is defined as a LDL cholesterol concentration in excess of current target lipid levels for primary and secondary prevention after at least 3 months of treatment at a maximum tolerated dose of a statin.

The dose and duration of statin treatment and the cholesterol concentration which shows inadequate control must be documented in the patient's medical records when ezetimibe is initiated.

The cholesterol concentration which shows inadequate control must be no more than 2 months old when ezetimibe is initiated.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

ezetimibe 10 mg + simvastatin 40 mg tablet, 30

8881K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	24.70	26.00	[a] APO-Ezetimibe/Simvastatin 10/40 [TX]	[a] EZESIM 10/40 [RZ]
					[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]	[a] EZETORIN [RW]
					[a] EzSimva GH 10/40 [GQ]	[a] Pharmacor Ezetimibe Simvastatin 10/40 [CR]
					[a] Vytorin [AL]	[a] Zeklen 10/40 mg [AF]

ezetimibe 10 mg + simvastatin 80 mg tablet, 30

8882L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	25.70	27.00	[a] APO-Ezetimibe/Simvastatin 10/80 [TX]	[a] EZESIM 10/80 [RZ]
					[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]	[a] EZETORIN [RW]
					[a] EzSimva GH 10/80 [GQ]	[a] Pharmacor Ezetimibe Simvastatin 10/80 [CR]
					[a] Vytorin [AL]	[a] Zeklen 10/80 mg [AF]

▪ EZETIMIBE + SIMVASTATIN

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Note The Australian Absolute Cardiovascular Disease Risk Calculator is available at www.cvdcheck.org.au

Authority required (STREAMLINED)

7958

Hypercholesterolaemia

Clinical criteria:

- The treatment must be in conjunction with dietary therapy and exercise, **AND**
- Patient must have cholesterol concentrations that are inadequately controlled with an HMG CoA reductase inhibitor (statin), **AND**
- Patient must have developed a clinically important product-related adverse event during treatment with an HMG CoA reductase inhibitor (statin) necessitating a reduction in the statin dose, **AND**
- Patient must have coronary heart disease; OR
- Patient must have cerebrovascular disease; OR
- Patient must have peripheral vascular disease; OR
- Patient must have diabetes mellitus with microalbuminuria; OR
- Patient must be an Aboriginal or Torres Strait Islander with diabetes mellitus; OR
- Patient must have diabetes mellitus and be aged 60 years or more; OR

- Patient must have a family history of coronary heart disease in two or more first degree relatives before the age of 55 years; OR
- Patient must have a family history of coronary heart disease in one or more first degree relatives before the age of 45 years; OR
- Patient must have heterozygous familial hypercholesterolaemia; OR
- Patient must have homozygous familial hypercholesterolaemia; OR
- Patient must have a level of absolute risk of a cardiovascular event greater than 15% over 5 years as calculated using the Australian Absolute Cardiovascular Disease Risk Calculator (National Vascular Disease Prevention Alliance), as in force on 1 April 2018.

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(i) Severe myalgia (muscle symptoms without creatine kinase elevation) which is proven to be temporally associated with statin treatment; or

(ii) Myositis (clinically important creatine kinase elevation, with or without muscle symptoms) demonstrated by results twice the upper limit of normal on a single reading or a rising pattern on consecutive measurements and which is unexplained by other causes; or

(iii) Unexplained, persistent elevations of serum transaminases (greater than 3 times the upper limit of normal) during treatment with a statin.

Microalbuminuria is defined as urinary albumin excretion rate of greater than 20mcg/min or urinary albumin to creatinine ratio of greater than 2.5 for males, or greater than 3.5 for females.

The type and severity of the adverse event or contraindication must be documented in the patient's medical records.

ezetimibe 10 mg + simvastatin 20 mg tablet, 30

	Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9484E NP	1	5	..	23.99	25.29	[a] APO-Ezetimibe/Simvastatin 10/20 [TX]	[a] EZESIM 10/20 [RZ]	
						[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]	[a] EZETORIN [RW]	
						[a] EzSimva GH 10/20 [GQ]	[a] Pharmacor Ezetimibe Simvastatin 10/20 [CR]	
						[a] Vytorin [AL]	[a] Zeklen 10/20 mg [AF]	

ezetimibe 10 mg + simvastatin 10 mg tablet, 30

	Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9483D NP	1	5	..	23.49	24.79	[a] APO-Ezetimibe/Simvastatin 10/10 [TX]	[a] EZESIM 10/10 [RZ]	
						[a] EZETIMIBE/SIMVASTATIN SANDOZ [SZ]	[a] EZETORIN [RW]	
						[a] EzSimva GH 10/10 [GQ]	[a] Pharmacor Ezetimibe Simvastatin 10/10 [CR]	
						[a] Vytorin [AL]	[a] Zeklen 10/10 mg [AF]	

Lipid modifying agents in combination with other drugs

▪ AMLODIPINE + ATORVASTATIN

amlodipine 10 mg + atorvastatin 10 mg tablet, 30

	Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9053L NP	1	5	..	15.38	16.68	[a] Cadivast 10/10 [AF]	
			[B]4.81	20.19	16.68	[a] Caduet 10/10 [AS]	

amlodipine 10 mg + atorvastatin 40 mg tablet, 30

	Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9055N NP	1	5	..	16.91	18.21	[a] Cadivast 10/40 [AF]	
			[B]4.92	21.83	18.21	[a] Caduet 10/40 [AS]	

amlodipine 5 mg + atorvastatin 10 mg tablet, 30

	Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9049G NP	1	5	..	14.74	16.04	Cadivast 5/10 [AF]	

amlodipine 5 mg + atorvastatin 80 mg tablet, 30

	Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9052K NP	1	5	..	17.54	18.84	[a] Cadivast 5/80 [AF]	
			[B]4.97	22.51	18.84	[a] Caduet 5/80 [AS]	

amlodipine 5 mg + atorvastatin 40 mg tablet, 30

	Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9051J NP	1	5	..	16.27	17.57	[a] Cadivast 5/40 [AF]	
			[B]4.87	21.14	17.57	[a] Caduet 5/40 [AS]	

amlodipine 5 mg + atorvastatin 20 mg tablet, 30

	Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9050H NP	1	5	..	15.42	16.72	Cadivast 5/20 [AF]	

amlodipine 10 mg + atorvastatin 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9054M NP	1	5	..	16.06	17.36	[a] Cadivast 10/20 [AF]
			[B]4.86	20.92	17.36	[a] Caduet 10/20 [AS]

amlodipine 10 mg + atorvastatin 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9056P NP	1	5	..	18.20	19.50	[a] Cadivast 10/80 [AF]
			[B]5.00	23.20	19.50	[a] Caduet 10/80 [AS]

▪ DERMATOLOGICALS

▪ ANTIFUNGALS FOR DERMATOLOGICAL USE

ANTIFUNGALS FOR TOPICAL USE

Imidazole and triazole derivatives

▪ KETOCONAZOLE

Authority required (STREAMLINED)

6434

Fungal or yeast infection

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

ketoconazole 2% cream, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9024Y NP	‡1	2	..	26.62	27.92	Nizoral 2% Cream [JT]

ketoconazole 2% shampoo, 60 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1574W NP	‡1	1	..	21.05	22.35	Nizoral 2% [JT]

▪ MICONAZOLE

Authority required (STREAMLINED)

6434

Fungal or yeast infection

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

miconazole nitrate 2% cream, 70 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9028E NP	‡1	1	..	21.26	22.56	Daktarin [JT]

miconazole nitrate 2% powder, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9029F NP	‡1	2	..	20.31	21.61	Daktarin [JT]

miconazole 2% solution, 30 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9031H NP	‡1	2	..	23.55	24.85	Daktarin Tincture [JT]

miconazole nitrate 2% cream, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9027D NP	‡1	2	..	19.58	20.88	Daktarin [JT]

Other antifungals for topical use

▪ TERBINAFINE

Authority required (STREAMLINED)

6434

Fungal or yeast infection

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Authority required (STREAMLINED)

6412

Fungal or yeast infection

Clinical criteria:

- The condition must be fungal; OR
- The condition must be due to yeast.

Population criteria:

- Patient must be 18 years of age or less.

terbinafine hydrochloride 1% cream, 15 g

9160D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*38.98	40.28	Lamisil [GJ]

ANTIFUNGALS FOR SYSTEMIC USE

Antifungals for systemic use

▪ GRISEOFULVIN

griseofulvin 500 mg tablet, 28

2982Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	26.62	27.92	Grisovin 500 [AS]

griseofulvin 125 mg tablet, 100

1460W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	25.81	27.11	Grisovin [AS]

▪ TERBINAFINE

Authority required

Dermatophyte infection

Clinical criteria:

- Patient must have failed to respond to topical treatment.

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Authority required

Dermatophyte infection

Clinical criteria:

- Patient must have failed to respond to topical treatment, **AND**
- Patient must have failed to respond to griseofulvin.

Population criteria:

- Patient must be 18 years of age or less.

terbinafine 250 mg tablet, 42

2285G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	30.99	32.29	[a] APO-Terbinafine [TX]	[a] Lamisil (Novartis Pharmaceuticals Australia Pty Limited) [NV]
					[a] NOUMED TERBINAFINE [VO]	[a] Tamsil [RW]
					[a] Terbinafine-DRLA [RZ]	[a] Terbinafine Sandoz [SZ]
					[a] Tinasil [AF]	

▪ TERBINAFINE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Onychomycosis

Clinical criteria:

- The condition must be proximal or extensive (greater than 80% nail involvement), **AND**
- Patient must have failed to respond to topical treatment, **AND**
- The condition must be due to dermatophyte infection proven by microscopy and confirmed by an Approved Pathology Provider; OR
- The condition must be due to dermatophyte infection proven by culture and confirmed by an Approved Pathology Provider.

The date of the pathology report must be provided at the time of application and must not be more than 12 months old

terbinafine 250 mg tablet, 42

2804N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	30.99	32.29	[a] APO-Terbinafine [TX]	[a] Lamisil (Novartis Pharmaceuticals Australia Pty Limited) [NV]
					[a] NOUMED TERBINAFINE [VO]	[a] Tamsil [RW]
					[a] Terbinafine-DRLA [RZ]	[a] Terbinafine Sandoz [SZ]
					[a] Tinasil [AF]	

▪ ANTIPSORIATICS

ANTIPSORIATICS FOR TOPICAL USE

Other antipsoriatics for topical use

▪ CALCIPOTRIOL + BETAMETHASONE DIPROPIONATE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Chronic stable plaque type psoriasis vulgaris
Clinical criteria:
- The condition must be inadequately controlled by potent topical corticosteroid monotherapy.

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% foam, 60 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11091R NP	‡1	1	..	84.32	41.30	Enstilar [LO]

calcipotriol 0.005% + betamethasone (as dipropionate) 0.05% ointment, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9494Q NP	‡1	1	..	38.09	39.39	[a] Calcipotriol/Betamethasone Sandoz 50/500 [SZ]	[a] Daivobet [LO]

ANTIPSORIATICS FOR SYSTEMIC USE

Retinoids for treatment of psoriasis

▪ ACITRETIN

Caution This drug is a potent teratogen - pregnancy should be avoided during therapy and for at least three years after cessation of therapy.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Authority required (STREAMLINED)
5789
Severe intractable psoriasis
Authority required (STREAMLINED)
5727
Severe disorders of keratinisation

acitretin 25 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2020H	1	2	..	212.61	41.30	[a] Neotigason [TB]	[a] ZETIN [RW]

acitretin 10 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2019G	1	2	..	108.33	41.30	[a] Neotigason [TB]	[a] ZETIN [RW]

▪ ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE

CHEMOTHERAPEUTICS FOR TOPICAL USE

Sulfonamides

▪ SILVER SULFADIAZINE

Restricted benefit
Infection
Treatment Phase: Prevention and treatment
Clinical criteria:
- The condition must be in partial or full skin thickness loss due to burns; OR
- The condition must be in partial or full skin thickness loss due to epidermolysis bullosa.

Restricted benefit
Stasis ulcers

silver sulfadiazine 1% cream, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9479X NP	‡1	..	..	21.55	22.85	Flamazine [SN]

▪ CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS

CORTICOSTEROIDS, PLAIN

Corticosteroids, weak (group I)

▪ HYDROCORTISONE ACETATE

Restricted benefit
Corticosteroid-responsive dermatoses

hydrocortisone acetate 1% ointment, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2882Q NP	‡1	1	..	14.22	15.52	[a] Cortic-DS 1% [LN]
			[B]2.19	16.41	15.52	[a] Sigmacort [AS]

hydrocortisone acetate 1% cream, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2881P NP	‡1	1	..	14.22	15.52	[a] Cortic-DS 1% [LN]
			[B]2.19	16.41	15.52	[a] Sigmacort [AS]

▪ HYDROCORTISONE ACETATE

Restricted benefit

Corticosteroid-responsive dermatoses

hydrocortisone acetate 1% ointment, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5114E DP	‡1	..	..	14.22	15.52	[a] Cortic-DS 1% [LN]
			[B]2.19	16.41	15.52	[a] Sigmacort [AS]

hydrocortisone acetate 1% cream, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5113D DP	‡1	..	..	14.22	15.52	[a] Cortic-DS 1% [LN]
			[B]2.19	16.41	15.52	[a] Sigmacort [AS]

Corticosteroids, moderately potent (group II)

▪ TRIAMCINOLONE

Restricted benefit

Corticosteroid-responsive dermatoses

triamcinolone acetonide 0.02% ointment, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2118L NP	2	..	..	*19.02	20.32	[a] Tricortone [LN]
			[B]3.28	*22.30	20.32	[a] Aristocort 0.02% [AS]

triamcinolone acetonide 0.02% cream, 100 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2117K NP	2	..	..	*19.02	20.32	[a] Tricortone [LN]
			[B]3.28	*22.30	20.32	[a] Aristocort 0.02% [AS]

Corticosteroids, potent (group III)

▪ BETAMETHASONE DIPROPIONATE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Corticosteroid-responsive dermatoses

betamethasone (as dipropionate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1115Q NP	1	1	..	17.92	19.22	[a] Eleuphrat [OV]
			[B]2.45	20.37	19.22	[a] Diprosone [OQ]

betamethasone (as dipropionate) 0.05% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1119X NP	1	1	..	17.92	19.22	[a] Eleuphrat [OV]
			[B]2.45	20.37	19.22	[a] Diprosone [OQ]

▪ BETAMETHASONE DIPROPIONATE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10824Q	2	5	..	*23.76	25.06	[a] Eleuphrat [OV]

[B]4.90	*28.66	25.06	[a] Diprosone [OQ]

NP **betamethasone (as dipropionate) 0.05% ointment, 15 g**

10795E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*23.76	25.06	[a] Eleuphrat [OV]
		[B]4.90	*28.66	25.06	[a] Diprosone [OQ]

▪ BETAMETHASONE DIPROPIONATE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10800K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*35.46	36.76	[a] Eleuphrat [OV]
		[B]9.80	*45.26	36.76	[a] Diprosone [OQ]

NP

betamethasone (as dipropionate) 0.05% ointment, 15 g

10820L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*35.46	36.76	[a] Eleuphrat [OV]
		[B]9.80	*45.26	36.76	[a] Diprosone [OQ]

NP

▪ BETAMETHASONE DIPROPIONATE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10813D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*47.14	41.30	[a] Eleuphrat [OV]
		[B]14.70	*61.84	41.30	[a] Diprosone [OQ]

NP

betamethasone (as dipropionate) 0.05% ointment, 15 g

10821M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*47.14	41.30	[a] Eleuphrat [OV]
		[B]14.70	*61.84	41.30	[a] Diprosone [OQ]

NP

▪ BETAMETHASONE DIPROPIONATE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10801L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*58.82	41.30	[a] Eleuphrat [OV]
		[B]19.60	*78.42	41.30	[a] Diprosone [OQ]

NP

betamethasone (as dipropionate) 0.05% ointment, 15 g

10816G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*58.82	41.30	[a] Eleuphrat [OV]
		[B]19.60	*78.42	41.30	[a] Diprosone [OQ]

NP

▪ BETAMETHASONE DIPROPIONATE

Note Continuing Therapy Only:
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Authority required (STREAMLINED)
6231
Corticosteroid-responsive dermatoses
Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

betamethasone (as dipropionate) 0.05% cream, 15 g

10802M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	5	..	*70.48	41.30	[a] Eleuphrat [OV]
		[B]24.50	*94.98	41.30	[a] Diprosone [OQ]

betamethasone (as dipropionate) 0.05% ointment, 15 g

10823P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	5	..	*70.48	41.30	[a] Eleuphrat [OV]
		[B]24.50	*94.98	41.30	[a] Diprosone [OQ]

▪ BETAMETHASONE VALERATE

Restricted benefit
Corticosteroid-responsive dermatoses

betamethasone (as valerate) 0.02% cream, 100 g

2812B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*27.56	28.86	[a] Antroquoril [OV] [b] Cortival 1/5 [LN]
		[B]5.00	*32.56	28.86	[a] Celestone-M [OQ]
		[B]5.98	*33.54	28.86	[b] Betnovate 1/5 [AS]

▪ BETAMETHASONE VALERATE

Note Continuing Therapy Only:
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Restricted benefit
Corticosteroid-responsive dermatoses

betamethasone (as valerate) 0.05% cream, 15 g

2813C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	13.81	15.11	[a] Cortival 1/2 [LN]
		[B]2.56	16.37	15.11	[a] Betnovate 1/2 [AS]

▪ BETAMETHASONE VALERATE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
6232
Corticosteroid-responsive dermatoses
Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

10799J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*15.54	16.84	[a] Cortival 1/2 [LN]
		[B]5.12	*20.66	16.84	[a] Betnovate 1/2 [AS]

▪ BETAMETHASONE VALERATE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
6246
Corticosteroid-responsive dermatoses
Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10794D NP	4	5	..	*19.02	20.32	[a] Cortival 1/2 [LN]
			[B]10.24	*29.26	20.32	[a] Betnovate 1/2 [AS]

▪ BETAMETHASONE VALERATE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10808W NP	6	5	..	*22.48	23.78	[a] Cortival 1/2 [LN]
			[B]15.36	*37.84	23.78	[a] Betnovate 1/2 [AS]

▪ BETAMETHASONE VALERATE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10807T NP	8	5	..	*25.94	27.24	[a] Cortival 1/2 [LN]
			[B]20.48	*46.42	27.24	[a] Betnovate 1/2 [AS]

▪ BETAMETHASONE VALERATE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6231

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

betamethasone (as valerate) 0.05% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10810Y NP	10	5	..	*29.38	30.68	[a] Cortival 1/2 [LN]
			[B]25.60	*54.98	30.68	[a] Betnovate 1/2 [AS]

▪ METHYLPREDNISOLONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Corticosteroid-responsive dermatoses

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8055Y NP	1	..	..	18.65	19.95	Advantan [LO]

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8128T NP	1	..	..	18.65	19.95	Advantan (Fatty) [LO]

methylprednisolone aceponate 0.1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8054X NP	1	..	..	18.65	19.95	Advantan [LO]

▪ METHYLPREDNISOLONE

Note Continuing Therapy Only:

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Restricted benefit

Eczema

methylprednisolone aceponate 0.1% lotion, 20 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8618N NP	1	..	..	19.24	20.54	Advantan [LO]

▪ METHYLPREDNISOLONE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10846W NP	2	5	..	*25.22	26.52	Advantan [LO]

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10848Y NP	2	5	..	*25.22	26.52	Advantan (Fatty) [LO]

methylprednisolone aceponate 0.1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10842P NP	2	5	..	*25.22	26.52	Advantan [LO]

methylprednisolone aceponate 0.1% lotion, 20 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10856J NP	2	5	..	*26.40	27.70	Advantan [LO]

▪ METHYLPREDNISOLONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10836H NP	4	5	..	*38.38	39.68	Advantan [LO]

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10840M NP	4	5	..	*38.38	39.68	Advantan (Fatty) [LO]

methylprednisolone aceponate 0.1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10855H NP	4	5	..	*38.38	39.68	Advantan [LO]

methylprednisolone aceponate 0.1% lotion, 20 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10838K NP	3	5	..	*33.55	34.85	Advantan [LO]

▪ METHYLPREDNISOLONE

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Authority required (STREAMLINED)

6231

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10843Q NP	10	5	..	*77.78	41.30	Advantan (Fatty) [LO]

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10845T NP	10	5	..	*77.78	41.30	Advantan [LO]

methylprednisolone aceponate 0.1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10833E NP	10	5	..	*77.78	41.30	Advantan [LO]

methylprednisolone aceponate 0.1% lotion, 20 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10830B NP	5	5	..	*47.88	41.30	Advantan [LO]

▪ METHYLPREDNISOLONE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10844R NP	6	5	..	*51.52	41.30	Advantan (Fatty) [LO]

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10853F NP	6	5	..	*51.52	41.30	Advantan [LO]

methylprednisolone aceponate 0.1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10835G NP	6	5	..	*51.52	41.30	Advantan [LO]

▪ METHYLPREDNISOLONE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10834F NP	8	5	..	*64.66	41.30	Advantan [LO]

methylprednisolone aceponate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10839L NP	8	5	..	*64.66	41.30	Advantan (Fatty) [LO]

methylprednisolone aceponate 0.1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10851D NP	8	5	..	*64.66	41.30	Advantan [LO]

▪ METHYLPREDNISOLONE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

Authority required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

methylprednisolone aceponate 0.1% lotion, 20 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10852E NP	4	5	..	*40.74	41.30	Advantan [LO]

▪ MOMETASONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Corticosteroid-responsive dermatoses

mometasone furoate 0.1% ointment, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1915T NP	1	..	..	15.39	16.69	[a] Momasone [AS] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]3.53	18.92	16.69	[a] Elocon [AL]	

mometasone furoate 0.1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1913Q NP	1	..	..	15.39	16.69	[a] Momasone [AS]	[a] Novasone [AF]
			[B]3.53	18.92	16.69	[a] Elocon Alcohol Free [AL]	

mometasone furoate 0.1% lotion, 30 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8043H NP	1	..	..	17.31	18.61	[a] Momasone [AS] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]3.53	20.84	18.61	[a] Elocon [AL]	

▪ MOMETASONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6232

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 10-20% of the patient's body surface area.

mometasone furoate 0.1% ointment, 15 g

10812C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.70	20.00	[a] Momasone [AS] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]7.06	*25.76	20.00	[a] Elocon [AL]	

mometasone furoate 0.1% cream, 15 g

10827W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*18.70	20.00	[a] Momasone [AS]	[a] Novasone [AF]
			[B]7.06	*25.76	20.00	[a] Elocon Alcohol Free [AL]	

mometasone furoate 0.1% lotion, 30 mL

10819K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	5	..	*22.54	23.84	[a] Momasone [AS] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]7.06	*29.60	23.84	[a] Elocon [AL]	

▪ MOMETASONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6246

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 20-40% of the patient's body surface area.

mometasone furoate 0.1% ointment, 15 g

10814E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	..	*25.34	26.64	[a] Momasone [AS] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]14.12	*39.46	26.64	[a] Elocon [AL]	

mometasone furoate 0.1% cream, 15 g

10809X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	4	5	..	*25.34	26.64	[a] Momasone [AS]	[a] Novasone [AF]
			[B]14.12	*39.46	26.64	[a] Elocon Alcohol Free [AL]	

mometasone furoate 0.1% lotion, 30 mL

10826T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	3	5	..	*27.76	29.06	[a] Momasone [AS] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]10.59	*38.35	29.06	[a] Elocon [AL]	

▪ MOMETASONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

mometasone furoate 0.1% ointment, 15 g

10828X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	6	5	..	*31.96	33.26	[a] Momasone [AS] [a] Zatamil [EO]	[a] Novasone [AF]
			[B]21.18	*53.14	33.26	[a] Elocon [AL]	

mometasone furoate 0.1% cream, 15 g

10815F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	6	5	..	*31.96	33.26	[a] Momasone [AS]	[a] Novasone [AF]
			[B]21.18	*53.14	33.26	[a] Elocon Alcohol Free [AL]	

▪ MOMETASONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a

patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

mometasone furoate 0.1% ointment, 15 g

10793C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8	5	..	*38.58	39.88	[a] Momasone [AS] [a] Zatamil [EO]	[a] Novasone [AF]
		[B]28.24	*66.82	39.88	[a] Elocon [AL]	

mometasone furoate 0.1% cream, 15 g

10818J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8	5	..	*38.58	39.88	[a] Momasone [AS]	[a] Novasone [AF]
		[B]28.24	*66.82	39.88	[a] Elocon Alcohol Free [AL]	

▪ MOMETASONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6231

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover >80% of the patient's body surface area.

mometasone furoate 0.1% ointment, 15 g

10791Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10	5	..	*45.18	41.30	[a] Momasone [AS] [a] Zatamil [EO]	[a] Novasone [AF]
		[B]35.30	*80.48	41.30	[a] Elocon [AL]	

mometasone furoate 0.1% cream, 15 g

10792B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10	5	..	*45.18	41.30	[a] Momasone [AS]	[a] Novasone [AF]
		[B]35.30	*80.48	41.30	[a] Elocon Alcohol Free [AL]	

mometasone furoate 0.1% lotion, 30 mL

10804P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5	5	..	*38.23	39.53	[a] Momasone [AS] [a] Zatamil [EO]	[a] Novasone [AF]
		[B]17.65	*55.88	39.53	[a] Elocon [AL]	

▪ MOMETASONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6263

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 60-80% of the patient's body surface area.

Authority required (STREAMLINED)

6218

Corticosteroid-responsive dermatoses

Clinical criteria:

- The condition must cover 40-60% of the patient's body surface area.

mometasone furoate 0.1% lotion, 30 mL

10805Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4	5	..	*33.02	34.32	[a] Momasone [AS] [a] Zatamil [EO]	[a] Novasone [AF]
		[B]14.12	*47.14	34.32	[a] Elocon [AL]	

Corticosteroids, very potent (group IV)

▪ CLOBETASOL

Authority required (STREAMLINED)

5461

Moderate to severe scalp psoriasis

Clinical criteria:

- The condition must be inadequately controlled with either a vitamin D analogue or potent topical corticosteroid as monotherapy; OR
- The condition must be inadequately controlled with combination use of a vitamin D analogue and potent topical corticosteroid.

Population criteria:

- Patient must be aged 18 years or older.

clobetasol propionate 0.05% shampoo, 125 mL

10080M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	47.92	41.30	Clobex [GA]

▪ ANTI-ACNE PREPARATIONS

ANTI-ACNE PREPARATIONS FOR TOPICAL USE

Retinoids for topical use in acne

▪ ADAPALENE + BENZOYL PEROXIDE

Restricted benefit

Severe acne vulgaris

Treatment Phase: Acute treatment

Clinical criteria:

- The treatment must in combination with an oral antibiotic.

adapalene 0.1% + benzoyl peroxide 2.5% gel, 30 g

8954G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	34.77	36.07	Epiduo [GA]

▪ ADAPALENE + BENZOYL PEROXIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Severe acne vulgaris

Clinical criteria:

- The treatment must be maintenance therapy.

adapalene 0.1% + benzoyl peroxide 2.5% gel, 30 g

8955H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	34.77	36.07	Epiduo [GA]

ANTI-ACNE PREPARATIONS FOR SYSTEMIC USE

Retinoids for treatment of acne

▪ ISOTRETINOIN

Caution This drug causes birth defects.

This drug has been reported to cause other frequent and potentially serious toxicity.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Authority required (STREAMLINED)

5224

Severe cystic acne

Clinical criteria:

- The condition must be unresponsive to other therapy.

isotretinoin 10 mg capsule, 60

2591J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	35.76	37.06	[a] APO-Isotretinoin [TX]	[a] Dermatane [ZS]
					[a] Isotretinoin GX [SZ]	[a] Isotretinoin Lupin [GQ]
					[a] Oratane [RF]	[a] Rocta 10 [RW]

isotretinoin 40 mg capsule, 30

2549E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	45.39	41.30	[a] Dermatane [ZS]	[a] Oratane [RF]

isotretinoin 30 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11921K	1	3	..	62.04	41.30	Oratane [OU]

isotretinoin 5 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11716P	1	3	..	23.92	25.22	Oratane [OU]

▪ ISOTRETINOIN

Caution This drug causes birth defects.

This drug has been reported to cause other frequent and potentially serious toxicity.

Note Pharmaceutical benefits that have form pack size isotretinoin 20 mg capsule, 60 and isotretinoin 20 mg capsule, 30 are equivalent for the purposes of substitution.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Authority required (STREAMLINED)

5224

Severe cystic acne

Clinical criteria:

- The condition must be unresponsive to other therapy.

isotretinoin 20 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11621P	2	3	..	*48.98	41.30	[a] Roaccutane [RO]

isotretinoin 20 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2592K	1	3	..	48.98	41.30	[a] APO-Isotretinoin [TX] [a] Isotretinoin GX [SZ] [a] Isotretinoin SCP 20 [CR] [a] Rocta 20 [RW]	[a] Dermatane [ZS] [a] Isotretinoin Lupin [GQ] [a] Oratane [RF]

▪ OTHER DERMATOLOGICAL PREPARATIONS

OTHER DERMATOLOGICAL PREPARATIONS

Agents for dermatitis, excluding corticosteroids

▪ DUPILUMAB

Note Instructions on the use of the Eczema Area and Severity Index and copyright details can be found here: https://www.dupixent.co.uk/-/media/EMS/Conditions/Dermatology/Brands/Dupixent-UK/global/1051-EASI-Leaflet-v6-webready.pdf

Note Instructions on the use of the Dermatology Life Quality Index and copyright details can be found here: https://www.cardiff.ac.uk/medicine/resources/quality-of-life-questionnaires/dermatology-life-quality-index

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Initial treatment of the whole body

Clinical criteria:

- Patient must have a Physicians Global Assessment (PGA) (5-point scale) baseline score of at least 4 as evidence of severe disease despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 day, **AND**
- Patient must have an Eczema Area and Severity Index (EASI) baseline score of at least 20 despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication, **AND**
- Patient must not have experienced an inadequate response to this biological medicine in this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist.

Population criteria:

- Patient must be 12 years of age or older.

State each of the qualifying PGA, EASI and DLQI scores in the authority application. These baseline scores must have been measured within the past 4 weeks. The name/s of the medium to high potency topical corticosteroids trialled prior to commencing treatment with this biological medicine is/are to be documented in the patient's medical records.

The EASI and DLQI baseline measurements are to form the basis of determining if an adequate response to treatment has been achieved under the Continuing treatment restriction.

Note Instructions on the use of the Physician's Global Assessment (5-point scale) can be obtained from Sanofi Medical Information on 1800 818 806 or MedInfo.Australia@sanofi.com

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Continuing or resuming treatment of the whole body

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this biological medicine for the treatment of chronic severe atopic dermatitis affecting the whole body, **AND**
- Patient must have achieved an adequate response within the first 16 weeks of treatment; OR
- Patient must have maintained an adequate response to their most recent course of PBS-subsidised treatment with this biological medicine for this PBS indication if this is the second or subsequent Continuing treatment authority application; OR
- Patient must have temporarily ceased treatment for reasons other than lack of response (e.g. family planning, vaccination with live vaccines, adverse-effect investigation), thereby being unable to achieve/maintain an adequate response immediately prior to this authority application, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist.

For the purposes of this restriction, an adequate response to treatment is defined as:

(a) An improvement/maintenance in the Eczema Area and Severity Index (EASI) score of at least 50% compared to baseline; and

(b) An improvement/maintenance in Dermatology Life Quality Index (DLQI) score of at least 4 points compared to baseline

Where an initial baseline (post-topical corticosteroid, pre-biological medicine) DLQI score was not measured for a patient who had commenced treatment through a clinical trial, early access program or through private, non-PBS-subsidised supply, an absence of worsening in the current DLQI score compared to that measured at the time of the 'Grandfather listing' authority application will suffice as an adequate response for requirement (b) above.

State each of the current EASI and DLQI scores for this authority application.

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Initial treatment of the face and/or hands

Clinical criteria:

- The condition must have at least 2 of the following Eczema Area and Severity Index (EASI) symptom sub-scores for erythema, oedema/papulation, excoriation, lichenification rated as severe despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days; OR
- The condition must have affected at least 30% of the face/hands surface area despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, **AND**
- The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication, **AND**
- Patient must not have experienced an inadequate response to this biological medicine in this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist.

Population criteria:

- Patient must be 12 years of age or older.

State each of the 4 Eczema Area and Severity Index (EASI) symptom sub-score ratings for erythema, oedema/papulation, excoriation, lichenification, in the authority application. These 4 symptom sub-score ratings must have been assessed within the past 4 weeks. The name/s of the medium to high potency topical corticosteroids trialled prior to commencing treatment with this biological medicine is/are to be documented in the patient's medical records.

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Continuing or resuming treatment of the face and/or hands

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this biological medicine for the treatment of chronic severe atopic dermatitis affecting the face/hands, **AND**
- Patient must have achieved an adequate response within the first 16 weeks of treatment; OR
- Patient must have maintained an adequate response to their most recent course of PBS-subsidised treatment with this biological medicine for this PBS indication if this is the second or subsequent Continuing treatment authority application; OR

- Patient must have temporarily ceased treatment for reasons other than lack of response (e.g. family planning, vaccination with live vaccines, adverse-effect investigation), thereby being unable to achieve/maintain an adequate response immediately prior to this authority application, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist.

For the purposes of this restriction, an adequate response to treatment of the face/hands is defined as:

(a) (i) A rating of either mild (1) to none (0) on at least 3 of the assessments of erythema, oedema/papulation, excoriation and lichenification mentioned in the Eczema Area and Severity Index (EASI); or

(ii) At least a 75% reduction in the skin area affected by this condition compared to baseline; and

(b) An improvement in Dermatology Life Quality Index (DLQI) score of at least 4 points compared to baseline

Where an initial baseline (post-topical corticosteroid, pre-biological medicine) DLQI score was not measured for a patient who had commenced treatment through a clinical trial, early access program or through private, non-PBS-subsidised supply, an absence of worsening in the current DLQI score compared to that measured at the time of the 'Grandfather listing' authority application will suffice as an adequate response for requirement (b) above.

Document each qualifying response measure in the patient's medical records for PBS compliance auditing purposes

Authority required

Chronic severe atopic dermatitis

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply - treatment of the whole body (Grandfather listing)

Clinical criteria:

- Patient must have been receiving treatment with this biological medicine for this PBS indication prior to 1 March 2021, **AND**
- Patient must have had a Physicians Global Assessment (PGA) baseline score of at least 4 as evidence of severe disease despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days prior to commencing non-PBS-subsidised therapy with this biological medicine, **AND**
- Patient must have had an Eczema Area and Severity Index (EASI) baseline score of at least 20 despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days prior to commencing non-PBS-subsidised therapy with this biological medicine, **AND**
- Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, prior to having commenced non-PBS-subsidised therapy with this biological medicine; OR
- Patient must have, where the above baseline DLQI was not recorded in the patient's medical records, a current age-appropriate DLQI score (of any value) measured, **AND**
- The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands, prior to commencing non-PBS-subsidised therapy with this biological medicine, **AND**
- Patient must not be experiencing an inadequate response to current non-PBS-subsidised therapy with this biological medicine, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this PBS indication, **AND**
- Patient must not have experienced an inadequate response to this biological medicine in this indication, prior to commencing non-PBS-subsidised therapy with this biological medicine.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist.

Population criteria:

- Patient must be 12 years of age or older.

State each of the qualifying PGA, EASI and DLQI scores in the authority application. The name/s of the medium to high potency topical corticosteroids trialled prior to commencing treatment with this biological medicine must be documented in the patient's medical records.

The EASI and DLQI baseline measurements are to form the basis of determining if an adequate response to treatment has been achieved under the Continuing treatment restriction.

A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only.

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Note Instructions on the use of the Physician's Global Assessment (5-point scale) can be obtained from Sanofi Medical Information on 1800 818 806 or MedInfo.Australia@sanofi.com

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Authority required

Chronic severe atopic dermatitis

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply - treatment of the face and/or hands (Grandfather listing)

Clinical criteria:

- Patient must have been receiving treatment with this biological medicine for this PBS indication prior to 1 March 2021, **AND**
- The condition must have had at least 2 of the following Eczema Area and Severity Index (EASI) symptom sub-scores for erythema, oedema/papulation, excoriation, lichenification rated as severe despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, prior to commencing non-PBS-subsidised therapy with this biological medicine; OR

- The condition must have affected at least 30% of the face/hands surface area despite treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, prior to commencing non-PBS-subsidised therapy with this biological medicine, **AND**
- Patient must have an age appropriate Dermatology Life Quality Index (DLQI) baseline score (of any value) measured following treatment with daily topical therapy (corticosteroid of medium to high potency/calcineurin inhibitor), for at least 28 days, prior to having commenced non-PBS-subsidised therapy with this biological medicine; OR
- Patient must have, where the above baseline DLQI was not recorded in the patient's medical records, a current age-appropriate DLQI score (of any value) measured, **AND**
- The condition must have had lesions for at least 6 months from the time of the initial diagnosis of chronic severe atopic dermatitis affecting either of: (i) the whole body, (ii) face/hands, prior to commencing non-PBS-subsidised therapy with this biological medicine, **AND**
- Patient must not be experiencing an inadequate response to current non-PBS-subsidised therapy with this biological medicine, **AND**
- The treatment must be the sole PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have experienced an inadequate response to this biological medicine in this indication, prior to commencing non-PBS-subsidised therapy with this biological medicine.

Treatment criteria:

- Must be treated by a dermatologist; OR
- Must be treated by a clinical immunologist.

Population criteria:

- Patient must be 12 years of age or older.

State each of the 4 Eczema Area and Severity Index (EASI) symptom sub-score ratings for erythema, oedema/papulation, excoriation, lichenification that were present prior to having commenced non-PBS-subsidised therapy, in the authority application. The name/s of the medium to high potency topical corticosteroids trialled prior to commencing treatment with this biological medicine is/are to be documented in the patient's medical records.

A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only.

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

dupilumab 300 mg/2 mL injection, 2 x 2 mL syringes

12292Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1754.28	41.30	Dupixent [SW]

dupilumab 200 mg/1.14 mL injection, 2 x 1.14 mL syringes

12291X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1754.28	41.30	Dupixent [SW]

▪ PIMECROLIMUS

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

5482

Atopic dermatitis

Population criteria:

- Patient must be at least 3 months of age.

Clinical criteria:

- The condition must be on the patient's face; OR
- The condition must be on the patient's eyelid, **AND**
- Patient must have 1 or more of the following contraindications to topical corticosteroids: (i) perioral dermatitis; (ii) periorbital dermatitis; (iii) rosacea; (iv) epidermal atrophy; (v) dermal atrophy; (vi) allergy to topical corticosteroids; (vii) cataracts; (viii) glaucoma; (ix) raised intraocular pressure, **AND**
- Patient must not receive more than two 15 g packs of PBS-subsidised pimecrolimus per 6-month period.

Authority required (STREAMLINED)

5472

Atopic dermatitis

Treatment Phase: Short-term (up to 3 weeks) intermittent treatment

Population criteria:

- Patient must be at least 3 months of age.

Clinical criteria:

- The condition must be on the patient's face; OR
- The condition must be on the patient's eyelid, **AND**
- Patient must have failed to achieve satisfactory disease control with intermittent topical corticosteroid therapy, **AND**
- The condition must have been initially diagnosed more than three months prior to this treatment, **AND**
- Patient must not receive more than two 15 g packs of PBS-subsidised pimecrolimus per 6-month period.

Failure to achieve satisfactory disease control with intermittent topical corticosteroid therapy is manifest by:

(i) failure of the facial skin to clear despite at least 2 weeks of topical hydrocortisone 1% applied every day; or

(ii) failure of the facial skin to clear despite at least 1 week of a moderate or potent topical corticosteroid applied every day; or

(iii) clearing of the facial skin with at least 2 weeks of topical hydrocortisone 1% applied every day, but almost immediate and significant flare in facial disease (within 48 hours) upon stopping topical corticosteroids, occurring on at least 2 consecutive occasions; or

(iv) clearing of the facial skin with at least 1 week of a moderate or potent topical corticosteroid applied every day, but almost immediate and significant flare in facial disease (within 48 hours) upon stopping topical corticosteroids, occurring on at least 2 consecutive occasions

pimecrolimus 1% cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8802G	‡1	1	..	31.41	32.71	Elidel [GO]

Other dermatologicals

▪ DAPSONE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

dapsone 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8801F NP	1	1	..	253.23	41.30	Link Medical Products Pty Ltd [LM]

dapsone 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1272Y NP	1	1	..	309.13	41.30	Link Medical Products Pty Ltd [LM]

▪ IMIQUIMOD

Note The patient or carer must be able to understand and administer the imiquimod dosing regimen.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Treatment of recurrent (previously treated) lesions will not be authorised.
Note Pharmaceutical benefits that have the form imiquimod single use sachets and pharmaceutical benefits that have the form imiquimod multi-use pump are equivalent for the purposes of substitution.

Authority required
Superficial basal cell carcinoma
Clinical criteria:

- The condition must be previously untreated, **AND**
- The condition must be confirmed by biopsy, **AND**
- Patient must have normal immune function, **AND**
- The condition must not be suitable for treatment with surgical excision; OR
- The condition must not be suitable for treatment with cryotherapy; OR
- The condition must not be suitable for treatment with curettage with diathermy, **AND**
- Patient must require topical drug therapy.

The date of the pathology report and name of the Approved Pathology Authority must be provided at the time of application.

imiquimod 5% cream, 2 x 2 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2637T	1	1	[B]8.35	95.96	41.30	[a] Aldara Pump [IL]

imiquimod 5% cream, 12 x 250 mg sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2546B	1	1	..	87.61	41.30	[a] Aldiq [AF]	[a] APO-Imiquimod [TX]
			[B]3.30	90.91	41.30	[a] Aldara [IL]	

▪ GENITO URINARY SYSTEM AND SEX HORMONES

▪ OTHER GYNECOLOGICALS

CONTRACEPTIVES FOR TOPICAL USE

Intrauterine contraceptives

▪ LEVONORGESTREL

Restricted benefit
Contraception

levonorgestrel 19.5 mg intrauterine drug delivery system, 1 system

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11909T NP	1	..	..	170.41	41.30	Kyleena [SY]

▪ LEVONORGESTREL

Restricted benefit

Contraception

Restricted benefit

Idiopathic menorrhagia

Clinical criteria:

- The treatment must be in a patient where oral treatments are ineffective.

Restricted benefit

Idiopathic menorrhagia

Clinical criteria:

- The treatment must be in a patient where oral treatments are contraindicated.

levonorgestrel 52 mg intrauterine drug delivery system, 1 system

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8633J NP	1	..	..	213.31	41.30	Mirena [BN]

OTHER GYNECOLOGICALS

Prolactine inhibitors

▪ BROMOCRIPTINE

Restricted benefit

Prevention of the onset of lactation

Clinical criteria:

- The treatment must occur in the puerperium, **AND**
- The treatment must be for medical reasons.

bromocriptine 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1444B NP	1	..	..	22.95	24.25	Parlodel [SZ]

▪ BROMOCRIPTINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

Acromegaly

Restricted benefit

Parkinson disease

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom surgery is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had surgery for this condition with incomplete resolution.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom radiotherapy is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had radiotherapy for this condition with incomplete resolution.

bromocriptine 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1443Y	2	5	..	*33.82	35.12	Parlodel [SZ]

▪ CABERGOLINE

Restricted benefit

Prevention of the onset of lactation

Clinical criteria:

- The treatment must occur in the puerperium, **AND**

- The treatment must be for medical reasons.

cabergoline 500 microgram tablet, 2

8115D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	25.44	26.74	Dostinex [PF]

▪ CABERGOLINE

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom surgery is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had surgery for this condition with incomplete resolution.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom radiotherapy is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had radiotherapy for this condition with incomplete resolution.

cabergoline 500 microgram tablet, 8

8114C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	65.54	41.30	Dostinex [PF]

▪ QUINAGOLIDE

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom surgery is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had surgery for this condition with incomplete resolution.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom radiotherapy is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had radiotherapy for this condition with incomplete resolution.

quinagolide 75 microgram tablet, 30

8822H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	91.66	41.30	Norprolac [FP]

▪ SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM

HORMONAL CONTRACEPTIVES FOR SYSTEMIC USE

Progestogens and estrogens, fixed combinations

▪ LEVONORGESTREL + ETHINYLESTRADIOL

levonorgestrel 150 microgram + ethinylestradiol 30 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

1394J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	18.19	19.49	[a] Monofeme 28 [FZ]	
					[b] Eleanor 150/30 ED [EA]	[b] Evelyn 150/30 ED [GQ]
					[b] Femme-Tab ED 30/150 [AE]	[b] Lenest 30 ED [AF]
					[b] Micronelle 30 ED [TX]	
		[B]3.96	22.15	19.49	[b] Levlen ED [SY]	
		[B]11.56	29.75	19.49	[a] Nordette 28 [PF]	

levonorgestrel 125 microgram + ethinylestradiol 50 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1456P NP	1	2	..	21.95	23.25	Microgynon 50 ED [BN]

levonorgestrel 100 microgram + ethinylestradiol 20 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2416E NP	1	2	..	18.19	19.49	Femme-Tab ED 20/100 [AE]

▪ NORETHISTERONE + ETHINYLESTRADIOL

norethisterone 500 microgram + ethinylestradiol 35 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2774B NP	1	2	..	20.81	22.11	[a] Norimin 28 Day [FZ]
			[B]9.78	30.59	22.11	[a] Brevinor [PF]

▪ NORETHISTERONE + ETHINYLESTRADIOL

Note Pharmaceutical benefits that have the form norethisterone 1 mg + ethinylestradiol 35 microgram tablet in a 4 pack of 28 tablets can be substituted for a 3 pack of 28 tablets in the case of a shortage.

norethisterone 1 mg + ethinylestradiol 35 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2775C NP	1	2	..	20.81	22.11	[a] Norimin-1 28 Day [FZ]
			[B]9.78	30.59	22.11	[a] Brevinor-1 [PF]

▪ NORETHISTERONE + MESTRANOL

norethisterone 1 mg + mestranol 50 microgram tablet [21] (&) inert substance tablet [7], 4 x 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3179H NP	1	2	..	21.71	23.01	Norinyl-1/28 [PF]

Progestogens and estrogens, sequential preparations

▪ LEVONORGESTREL + ETHINYLESTRADIOL

levonorgestrel 50 microgram + ethinylestradiol 30 microgram tablet [6] (&) levonorgestrel 75 microgram + ethinylestradiol 40 microgram tablet [5] (&) levonorgestrel 125 microgram + ethinylestradiol 30 microgram tablet [10] (&) inert substance tablet [7], 4 x 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1392G NP	1	2	..	19.80	21.10	[a] Trifeme 28 [FZ] [b] Logynon ED [SY]
			[B]13.00	32.80	21.10	[a] Triphasil 28 [PF]
			[B]13.56	33.36	21.10	[b] Triquilar ED [BN]

Progestogens

▪ ETONOGESTREL

etonogestrel 68 mg implant, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8487Q NP MW	1	..	..	170.41	41.30	Implanon NXT [OQ]

▪ LEVONORGESTREL

levonorgestrel 30 microgram tablet, 112 tablets [4 x 28]

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2913H NP MW	1	2	..	19.78	21.08	Microlut 28 [BN]

▪ MEDROXYPROGESTERONE

medroxyprogesterone acetate 150 mg/mL injection, 1 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3118D NP	1	1	..	26.21	27.51	[a] Depo-Ralovera [FZ]
			[B]7.00	33.21	27.51	[a] Depo-Provera [PF]

▪ NORETHISTERONE

norethisterone 350 microgram tablet, 4 x 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1967M NP	1	2	..	20.81	22.11	Noriday 28 [PF]

ANDROGENS

3-oxoandrosten (4) derivatives

▪ TESTOSTERONE

Authority required

Androgen deficiency

Clinical criteria:

- Patient must have an established pituitary or testicular disorder.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum area.

The name of the specialist must be included in the authority application.

Authority required

Androgen deficiency

Clinical criteria:

- Patient must not have an established pituitary or testicular disorder, **AND**
- The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.

Population criteria:

- Patient must be aged 40 years or older.

Treatment criteria:

- Must be treated by a specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum area.

Androgen deficiency is defined as:

(i) testosterone level of less than 6 nmol per litre; OR

(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).

Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.

The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.

The name of the specialist must be included in the authority application.

Authority required

Micropenis

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum area.

The name of the specialist must be included in the authority application.

Authority required

Pubertal induction

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum area.

The name of the specialist must be included in the authority application.

Authority required

Constitutional delay of growth or puberty

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The treatment must be applied to the scrotum area.

The name of the specialist must be included in the authority application.

testosterone 5% (50 mg/mL) cream, 50 mL

10378F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	106.16	41.30	AndroForte 5 [LX]

▪ TESTOSTERONE

Authority required

Androgen deficiency

Clinical criteria:

- Patient must have an established pituitary or testicular disorder.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Androgen deficiency

Clinical criteria:

- Patient must not have an established pituitary or testicular disorder, **AND**
- The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.

Population criteria:

- Patient must be aged 40 years or older.

Treatment criteria:

- Must be treated by a specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Androgen deficiency is defined as:

(i) testosterone level of less than 6 nmol per litre; OR

(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).

Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.

The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.

The name of the specialist must be included in the authority application.

Authority required

Micropenis

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Pubertal induction

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Constitutional delay of growth or puberty

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

testosterone 5 mg/24 hours patch, 30

8619P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	78.11	41.30	Androderm [TB]

testosterone 2% (23 mg/actuation) gel, 56 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11740X	‡1	5	..	83.03	41.30	Testavan [IX]

testosterone 1% (50 mg/5 g) gel, 30 x 5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8830R	‡1	5	..	77.58	41.30	Testogel [HB]

testosterone 1% (12.5 mg/actuation) gel, 2 x 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10380H	‡1	4	..	77.58	41.30	Testogel [HB]

▪ TESTOSTERONE UNDECANOATE

Authority required

Androgen deficiency

Clinical criteria:

- Patient must have an established pituitary or testicular disorder.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Androgen deficiency

Clinical criteria:

- Patient must not have an established pituitary or testicular disorder, **AND**
- The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.

Population criteria:

- Patient must be aged 40 years or older.

Treatment criteria:

- Must be treated by a specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

Androgen deficiency is defined as:

(i) testosterone level of less than 6 nmol per litre; OR

(ii) testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonodal reference range for young men, or greater than 14 IU per litre, whichever is higher).

Androgen deficiency must be confirmed by at least two morning blood samples taken on different mornings.

The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.

The name of the specialist must be included in the authority application.

Authority required

Micropenis

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Pubertal induction

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

Authority required

Constitutional delay of growth or puberty

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a specialist general paediatrician**,** specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Chapter of Sexual Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

testosterone undecanoate 1 g/4 mL modified release injection, 4 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10205D	1	1	..	116.40	41.30	Reandron 1000 [BN]

ESTROGENS

Natural and semisynthetic estrogens, plain

▪ ESTRADIOL

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

estradiol valerate 2 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1664N NP	1	2	..	18.58	19.88	Progynova [BN]

estradiol 2 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8274L NP	1	2	..	18.28	19.58	Zumenon [GO]

estradiol 10 microgram modified release pessary, 18

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10203B NP	1	2	..	34.15	35.45	Vagifem Low [NO]

estradiol valerate 1 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1663M NP	1	2	..	16.74	18.04	Progynova [BN]

▪ ESTRADIOL

Note Estradiol should be used in conjunction with an oral progestogen in women with an intact uterus.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

estradiol 75 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8764G NP	‡1	5	..	28.07	29.37	Estradot 75 [SZ]

estradiol 37.5 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8762E NP	‡1	5	..	28.90	30.20	Estradot 37.5 [SZ]

estradiol 75 microgram/24 hours patch, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8486P NP	‡1	5	..	23.13	24.43	Climara 75 [BN]

estradiol 25 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8311K NP	‡1	5	..	21.36	22.66	Estraderm MX 25 [JU]

estradiol 25 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8761D NP	‡1	5	..	27.55	28.85	Estradot 25 [SZ]

estradiol 0.1% (1 mg/g) gel, 28 x 1 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8286D NP	‡1	5	..	21.36	22.66	Sandrena [AS]

estradiol 50 microgram/24 hours patch, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8125P NP	‡1	5	..	21.36	22.66	Climara 50 [BN]

estradiol 100 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8312L NP	‡1	5	..	23.13	24.43	Estraderm MX 100 [JU]

estradiol 100 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8765H NP	‡1	5	..	27.46	28.76	Estradot 100 [SZ]

estradiol 25 microgram/24 hours patch, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8485N NP	‡1	5	..	21.36	22.66	Climara 25 [BN]

estradiol 50 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8140K NP	‡1	5	..	21.36	22.66	Estraderm MX 50 [JU]

estradiol 50 microgram/24 hours patch, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8763F NP	‡1	5	..	26.81	28.11	Estradot 50 [SZ]

estradiol 100 microgram/24 hours patch, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8126Q NP	‡1	5	..	23.13	24.43	Climara 100 [BN]

▪ ESTRIOL

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

estriol 0.1% (1 mg/g) cream, 15 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1781R NP	‡1	1	..	23.40	24.70	Ovestin [AS]

estriol 500 microgram pessary, 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1771F NP	‡1	2	..	24.89	26.19	Ovestin Ovula [AS]

PROGESTOGENS

Pregnen (4) derivatives

▪ MEDROXYPROGESTERONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

medroxyprogesterone acetate 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2321E NP	1	2	..	18.95	20.25	[a] Ralovera [FZ]
			[B]6.70	25.65	20.25	[a] Provera [PF]

medroxyprogesterone acetate 5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2323G NP	1	2	..	20.08	21.38	[a] Ralovera [FZ]
			[B]6.70	26.78	21.38	[a] Provera [PF]

▪ MEDROXYPROGESTERONE

Restricted benefit

Endometriosis

medroxyprogesterone acetate 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2722G	1	2	..	34.98	36.28	[a] Ralovera [FZ]
			[B]6.70	41.68	36.28	[a] Provera [PF]

▪ PROGESTERONE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11835

Prevention of preterm birth

Clinical criteria:

- Patient must have a singleton pregnancy, **AND**
- Patient must have at least one of: (i) short cervix (mid-trimester sonographic cervix no greater than 25 mm), (ii) a history of spontaneous preterm birth, **AND**
- The treatment must be administered no earlier than at 16 weeks gestation.

progesterone 200 mg pessary, 42

12598C (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	93.29	41.30	Utrogestan [HB]

▪ PROGESTERONE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11673

Prevention of preterm birth

Clinical criteria:

- Patient must have a singleton pregnancy, **AND**
- Patient must have at least one of: (i) short cervix (mid-trimester sonographic cervix no greater than 25 mm), (ii) a history of spontaneous preterm birth, **AND**
- The treatment must be administered no earlier than at 16 weeks gestation.

progesterone 200 mg pessary, 15

12465C (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*88.20	41.30	Oripro [ON]

Estren derivatives

▪ NORETHISTERONE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

norethisterone 5 mg tablet, 30

2993M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	34.29	35.59	Primolut N [BN]

PROGESTOGENS AND ESTROGENS IN COMBINATION

Progestogens and estrogens, fixed combinations

▪ ESTRADIOL + DYDROGESTERONE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

estradiol 1 mg + dydrogesterone 5 mg tablet, 28

10142T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	22.81	24.11	Femoston-Conti [GO]

▪ ESTRADIOL + NORETHISTERONE ACETATE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

estradiol 50 microgram/24 hours + norethisterone acetate 140 microgram/24 hours patch, 8

8427M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	32.35	33.65	Estalis continuous 50/140 [SZ]

estradiol 50 microgram/24 hours + norethisterone acetate 250 microgram/24 hours patch, 8

8428N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	33.35	34.65	Estalis continuous 50/250 [SZ]

Progestogens and estrogens, sequential preparations

▪ ESTRADIOL (&) ESTRADIOL + DYDROGESTERONE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

estradiol 1 mg tablet [14] (&) estradiol 1 mg + dydrogesterone 10 mg tablet [14], 28

10146B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	22.81	24.11	Femoston 1/10 [GO]

estradiol 2 mg tablet [14] (&) estradiol 2 mg + dydrogesterone 10 mg tablet [14], 28

8244X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	22.81	24.11	Femoston 2/10 [GO]

▪ NORETHISTERONE ACETATE + ESTRADIOL (&) ESTRADIOL

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

estradiol 50 microgram/24 hours patch [4] (&) estradiol 50 microgram/24 hours + norethisterone acetate 140 microgram/24 hours patch [4], 8

8425K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	39.76	41.06	Estalis sequi 50/140 [SZ]

estradiol 50 microgram/24 hours patch [4] (&) estradiol 50 microgram/24 hours + norethisterone acetate 250 microgram/24 hours patch [4], 8

8426L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	41.91	41.30	Estalis sequi 50/250 [SZ]

GONADOTROPINS AND OTHER OVULATION STIMULANTS

Gonadotropins

▪ FOLLITROPIN ALFA

Note Biosimilar prescribing policy
Prescribing of a biosimilar brand, Bemfola or Ovaleap, is encouraged for treatment naive patients.
Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Pharmaceutical benefits that have the form follitropin alfa cartridge (Ovaleap) and pharmaceutical benefits that have the form follitropin alfa single pen device (Gonal-f Pen), in the same corresponding strength, are equivalent for the purposes of substitution.
Where the Ovaleap brand is supplied, the separate pen device is to be supplied to the patient where required as it is not packaged with the cartridges. The pen device for the Ovaleap brand can be obtained by contacting the pharmaceutical wholesaler, or, the sponsor directly.

Note Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomifene citrate and/or gonadorelin and failed to have conceived.

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit
Anovulatory infertility

Note Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Note Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Restricted benefit
Infertility

Clinical criteria:

- The condition must be due to hypogonadotrophic hypogonadism, **AND**
- The treatment must be following failure of 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis, **AND**
- The treatment must be administered with human chorionic gonadotrophin.

follitropin alfa 225 units (16.5 microgram)/0.375 mL injection, 5 x 0.375 mL pen devices

10876K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	1	..	*1353.40	41.30	Bemfola [FX]

follitropin alfa 300 units (22 microgram)/0.5 mL injection, 0.5 mL cartridge

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12769C	3	5	..	*376.81	41.30	[a] Ovaleap [TT]

follitropin alfa 150 units (11 microgram)/0.25 mL injection, 5 x 0.25 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10877L	3	1	..	*923.56	41.30	Bemfola [FX]

follitropin alfa 900 units (66 microgram)/1.5 mL injection, 1.5 mL cartridge

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12778M	2	5	..	*746.52	41.30	[a] Ovaleap [TT]

follitropin alfa 300 units (21.84 microgram)/0.5 mL injection, 0.5 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8713N	3	5	..	*376.81	41.30	[a] Gonal-f Pen [SG]

follitropin alfa 75 units (5.5 microgram)/0.125 mL injection, 5 x 0.125 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10865W	3	1	..	*469.21	41.30	Bemfola [FX]

follitropin alfa 450 units (32.76 microgram)/0.75 mL injection, 0.75 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8714P	3	5	..	*561.64	41.30	[a] Gonal-f Pen [SG]

follitropin alfa 450 units (33 microgram)/0.75 mL injection, 0.75 mL cartridge

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12808D	3	5	..	*561.64	41.30	[a] Ovaleap [TT]

follitropin alfa 900 units (65.52 microgram)/1.5 mL injection, 1.5 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8715Q	2	5	..	*746.52	41.30	[a] Gonal-f Pen [SG]

▪ FOLLITROPIN BETA

Note Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomifene citrate and/or gonadorelin and failed to have conceived.

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit

Anovulatory infertility

Note Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Note Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Restricted benefit

Infertility

Clinical criteria:

- The condition must be due to hypogonadotrophic hypogonadism, **AND**
- The treatment must be following failure of 6 months' treatment with human chorionic gonadotrophin to achieve adequate spermatogenesis, **AND**
- The treatment must be administered with human chorionic gonadotrophin.

follitropin beta 600 units/0.72 mL injection, 0.72 mL cartridge

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8566W	2	5	..	*543.92	41.30	Puregon 600 IU/0.72 mL [OQ]

follitropin beta 300 units/0.36 mL injection, 0.36 mL cartridge

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8565T	3	5	..	*419.74	41.30	Puregon 300 IU/0.36 mL [OQ]

follitropin beta 900 units/1.08 mL injection, 1.08 mL cartridge

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8871X	2	5	..	*805.14	41.30	Puregon 900 IU/1.08 mL [OQ]

▪ HUMAN CHORIONIC GONADOTROPHIN

Note Patients with hyperprolactinaemia should have had appropriate surgical or medical treatment prior to treatment.

Restricted benefit

Anovulatory infertility

Note Except in cases of hypopituitarism or primary amenorrhoea, the patient should have been adequately treated with clomifene citrate and/or gonadorelin and failed to have conceived.

Note Women who have had apparent ovulation induced by other agents and have failed to conceive should have laparoscopic evidence that there is no other impediment to conception.

Note Oligomenorrhoea should have been present for at least twelve months or amenorrhoea for at least six months prior to treatment.

Restricted benefit

Infertility

Population criteria:

- Patient must be male.

Clinical criteria:

- The condition must be due to hypogonadotrophic hypogonadism.

Restricted benefit

Infertility

Population criteria:

- Patient must be male.

Clinical criteria:

- The condition must be associated with isolated luteinising hormone deficiency.

Restricted benefit

Combined deficiency of human growth hormone and gonadotrophins

Population criteria:

- Patient must be male.

Clinical criteria:

- Patient must be one in whom the absence of secondary sexual characteristics indicates a lag in maturation.

Restricted benefit

Hypogonadism or delayed puberty

Population criteria:

- Patient must be male, **AND**
- Patient must be aged 16 years or older.

Clinical criteria:

- Patient must show clinical evidence of the condition, **AND**
- The treatment must not extend beyond 6 months.

human chorionic gonadotrophin 1500 units injection [3 vials] (&) inert substance diluent [3 x 1 mL vials], 1 pack

11148R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	46.03	41.30	Pregnyl [OQ]

Ovulation stimulants, synthetic

▪ CLOMIFENE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Restricted benefit

Anovulatory infertility

Restricted benefit

Patients undergoing in-vitro fertilisation

clomifene citrate 50 mg tablet, 10

1211R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	36.51	37.81	Clomid [SW]

ANTIANDROGENS

Antiandrogens, plain

▪ CYPROTERONE

cyproterone acetate 50 mg tablet, 50

1270W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*83.68	41.30	[a] ANTERONE 50 [RW] [a] Cyprone 50 [AL] [a] GenRx Cyproterone Acetate [GX]	[a] APO-Cyproterone [TX] [a] Cyproterone Sandoz [HX] [a] Pharmacor Cyproterone 50 [CR]
		[B]2.28	*85.96	41.30	[a] Androcur [BN]	

cyproterone acetate 100 mg tablet, 50

8019C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	67.86	41.30	[a] ANTERONE 100 [RW] [a] Cyprone 100 [AF] [a] GenRx Cyproterone Acetate [GX]	[a] APO-Cyproterone [TX] [a] Cyproterone Sandoz [HX] [a] Pharmacor Cyproterone 100 [CR]

[B]1.41	69.27	41.30	[a] Androcur-100 [BN]	

▪ CYPROTERONE

Caution This drug should not be used during pregnancy as it may result in feminisation of the male foetus.

Authority required (STREAMLINED)

5532

Moderate to severe androgenisation

Clinical criteria:

- The condition must not be indicated by acne alone, as this is not a sufficient indication of androgenisation.

Population criteria:

- Patient must be female.

Clinical criteria:

- Patient must not be pregnant.

cyproterone acetate 50 mg tablet, 20

1269T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	26.40	27.70	[a] ANTERONE 50 [RW] [a] Cyprone 50 [AL] [a] GenRx Cyproterone Acetate [GX]	[a] APO-Cyproterone [TX] [a] Cyproterone Sandoz [HX] [a] Pharmacor Cyproterone 50 [CR]

OTHER SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM

Progesterone receptor modulators

▪ MIFEPRISTONE (&) MISOPROSTOL

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Termination of an intra-uterine pregnancy

Clinical criteria:

- The condition must be an intra-uterine pregnancy of up to 63 days of gestation.

Treatment criteria:

- Must be treated by a prescriber who is registered with the MS 2 Step Prescribing Program.

mifepristone 200 mg tablet [1] (&) misoprostol 200 microgram tablet [4], 1 pack

10211K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	353.78	41.30	MS-2 Step [XH]

▪ UROLOGICALS

UROLOGICALS

Drugs for urinary frequency and incontinence

▪ OXYBUTYNIN

Restricted benefit

Detrusor overactivity

oxybutynin hydrochloride 5 mg tablet, 100

8039D

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.03	17.33	[a] Ditropan [SW]	[a] Oxybutynin Sandoz [SZ]

▪ OXYBUTYNIN

Restricted benefit

Detrusor overactivity

Clinical criteria:

- Patient must be unable to tolerate oral oxybutynin; OR
- Patient must be unable to swallow oral oxybutynin.

oxybutynin 3.9 mg/24 hours patch, 8

9454N

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	37.13	38.43	Oxytrol [TT]

▪ PROPANTHELINE

Restricted benefit

Detrusor overactivity

propantheline bromide 15 mg tablet, 100

1953T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*26.22	27.52	Pro-Banthine [RW]

Other urologicals

▪ BICARBONATE

sodium bicarbonate 840 mg capsule, 100

9470K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	20.27	21.57	Sodibic [AS]

NP

▪ PHENOXYBENZAMINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Phaeochromocytoma

Restricted benefit

Neurogenic urinary retention

phenoxybenzamine hydrochloride 10 mg capsule, 30

1166J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*864.94	41.30	Amdipharm Mercury (Australia) Pty Limited [GH]

NP

phenoxybenzamine hydrochloride 10 mg capsule, 100

1862B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	953.95	41.30	Dibenyline [GH]

NP

DRUGS USED IN BENIGN PROSTATIC HYPERTROPHY

Alpha-adrenoreceptor antagonists

▪ DUTASTERIDE + TAMSULOSIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6189

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms, **AND**
- Patient must have moderate to severe benign prostatic hyperplasia.

dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

5490Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	29.98	31.28	[a] Doubluts [GC]
		[B]3.50	33.48	31.28	[a] Duodart 500ug/400ug [GK]

NP

Testosterone-5-alpha reductase inhibitors

▪ DUTASTERIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6202

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms, **AND**
- Patient must have moderate to severe benign prostatic hyperplasia, **AND**
- The treatment must be in combination with an alpha-antagonist.

dutasteride 500 microgram capsule, 30

5468T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	26.98	28.28	[a] APO-Dutasteride [TX]	[a] Avodart [GK]

NP

SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS

PITUITARY AND HYPOTHALAMIC HORMONES AND ANALOGUES

ANTERIOR PITUITARY LOBE HORMONES AND ANALOGUES

ACTH

TETRACOSACTIDE (TETRACOSACTRIN)

Restricted benefit

Hypsarrhythmia and/or infantile spasms

tetracosactide (tetracosactrin) 1 mg/mL modified release injection, 1 mL ampoule

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2832C	5	5	..	*393.18	41.30	Synacthen Depot 1 mg/1 mL [IX]

Thyrotropin

THYROTROPIN ALFA

Restricted benefit

Ablation of thyroid remnant tissue

Clinical criteria:

- Patient must have undergone a thyroidectomy, **AND**
- The treatment must be in combination with radioactive iodine, **AND**
- Patient must not have a known metastatic disease.

thyrotropin alfa 900 microgram injection, 2 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2700D	1	..	..	1639.54	41.30	Thyrogen [GZ]

POSTERIOR PITUITARY LOBE HORMONES

Vasopressin and analogues

DESMOPRESSIN

Authority required (STREAMLINED)

5266

Cranial diabetes insipidus

desmopressin acetate 200 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8662X	3	5	..	*141.58	41.30	Minirin [FP]

DESMOPRESSIN

Note Pharmaceutical benefits that have the form desmopressin acetate 10 microgram/actuation nasal spray, 50 actuations can be substituted for desmopressin acetate 10 microgram/actuation nasal spray, 60 actuations in the case of a shortage.

Authority required (STREAMLINED)

5266

Cranial diabetes insipidus

desmopressin acetate 10 microgram/actuation nasal spray, 50 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12288R	2	5	..	*193.96	41.30	[a] Desmopressin Acetate (Medsurge) [DZ]

desmopressin acetate 10 microgram/actuation nasal spray, 50 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12458Q	2	5	..	*361.98	41.30	[a] Desmopressin Nasal Spray USP (Apotex) [DZ]

desmopressin acetate 10 microgram/actuation nasal spray, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8711L	2	5	..	*126.94	41.30	[a] Minirin Nasal Spray [FP]

DESMOPRESSIN

Note Not to be used in preference to enuresis alarms.

Note Only one application per six months with no more than twice the maximum quantity will be authorised for the tablets.

Authority required (STREAMLINED)

5413

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

Authority required (STREAMLINED)

5295

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

desmopressin acetate 200 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8663Y NP	1	5	..	54.78	41.30	Minirin [FP]

▪ DESMOPRESSIN

Note Not to be used in preference to enuresis alarms.

Note Only one application per six months will be authorised for the wafers. No more than twice the maximum quantity for the 120 micrograms wafers and no applications for increased maximum quantities for the 240 micrograms wafers will be authorised.

Authority required (STREAMLINED)

5412

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

Authority required (STREAMLINED)

5226

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

desmopressin 120 microgram sublingual wafer, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9398P NP	1	5	..	59.66	41.30	Minirin Melt [FP]

desmopressin 240 microgram sublingual wafer, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8975J NP	1	5	..	92.95	41.30	Minirin Melt [FP]

▪ DESMOPRESSIN

Caution Desmopressin nasal spray may be associated with an increased risk of hyponatraemia compared to the oral formulations.

Note Pharmaceutical benefits that have the form desmopressin acetate 10 microgram/actuation nasal spray, 50 actuations can be substituted for desmopressin acetate 10 microgram/actuation nasal spray, 60 actuations in the case of a shortage.

Note Not to be used in preference to enuresis alarms.

Authority required (STREAMLINED)

5342

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be refractory to an enuresis alarm.

Authority required (STREAMLINED)

5267

Primary nocturnal enuresis

Population criteria:

- Patient must be 6 years of age or older.

Clinical criteria:

- Patient must be one in whom an enuresis alarm is contraindicated.

The reason that an enuresis alarm is contraindicated must be documented in the patient's medical records when treatment is initiated

desmopressin acetate 10 microgram/actuation nasal spray, 50 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12280H NP	‡1	5	..	101.07	41.30	[a] Desmopressin Acetate (Medsurge) [DZ]

desmopressin acetate 10 microgram/actuation nasal spray, 50 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12459R NP	‡1	5	..	184.53	41.30	[a] Desmopressin Nasal Spray USP (Apotex) [DZ]

desmopressin acetate 10 microgram/actuation nasal spray, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8712M NP	‡1	5	..	69.16	41.30	[a] Minirin Nasal Spray [FP]

HYPOTHALAMIC HORMONES

Gonadotropin-releasing hormones

▪ NAFARELIN

Restricted benefit

Endometriosis

Treatment Phase: Initial treatment, for up to 6 months

Clinical criteria:

- The condition must be visually proven.

Restricted benefit

Endometriosis

Treatment Phase: Subsequent treatment, for up to 6 months

Clinical criteria:

- The condition must be visually proven, **AND**
- The treatment must not be within 2 years of the end of the previous course of treatment with this drug, **AND**
- Patient must have had a recent bone density assessment.

The date of the bone density assessment must be recorded in the patient's medical records.

nafarelin 200 microgram/actuation nasal spray, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2962X	‡1	5	..	122.92	41.30	Synarel [PF]

▪ CORTICOSTEROIDS FOR SYSTEMIC USE

CORTICOSTEROIDS FOR SYSTEMIC USE, PLAIN

Mineralocorticoids

▪ FLUDROCORTISONE ACETATE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

fludrocortisone acetate 100 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1433K NP	2	1	..	*40.98	41.30	Florinef [AS]

Glucocorticoids

▪ BETAMETHASONE ACETATE + BETAMETHASONE SODIUM PHOSPHATE

Restricted benefit

Local intra-articular or peri-articular infiltration

Restricted benefit

Keloid

Restricted benefit

Lichen planus hypertrophic

betamethasone acetate 3 mg/mL + betamethasone sodium phosphate 3.9 mg/mL (total betamethasone 5.7 mg/mL) injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5034Y DP	1	..	..	28.24	29.54	Celestone Chronodose [OQ]

▪ BETAMETHASONE ACETATE + BETAMETHASONE SODIUM PHOSPHATE

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical

practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Alopecia areata
Restricted benefit
Local intra-articular or peri-articular infiltration
Restricted benefit
Granulomata
Clinical criteria:
- The condition must be dermal.

Restricted benefit
Keloid
Restricted benefit
Lichen planus hypertrophic
Restricted benefit
Lichen simplex chronicus
Restricted benefit
Chronic discoid lupus erythematosus
Restricted benefit
Necrobiosis lipoidica
Restricted benefit
Uveitis

betamethasone acetate 3 mg/mL + betamethasone sodium phosphate 3.9 mg/mL (total betamethasone 5.7 mg/mL) injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2694T NP	1	..	..	28.24	29.54	Celestone Chronodose [OQ]

▪ CORTISONE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

cortisone acetate 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1246N NP	1	4	..	19.41	20.71	Cortate [AS]

cortisone acetate 25 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1247P NP	1	4	..	24.54	25.84	Cortate [AS]

▪ DEXAMETHASONE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

dexamethasone 4 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2507Y NP	1	4	..	17.33	18.63	Dexmethsone [AS]

dexamethasone 500 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1292B NP	1	4	..	14.44	15.74	Dexmethsone [AS]

▪ HYDROCORTISONE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

hydrocortisone 4 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1499X NP	1	4	..	26.54	27.84	[a] Hydrocortisone Mylan 4 [AL]
			[B]3.00	29.54	27.84	[a] Hysone 4 [AF]

hydrocortisone 20 mg tablet, 60

1500Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	32.72	34.02	[a] Hydrocortisone Mylan 20 [AL]
		[B]3.00	35.72	34.02	[a] Hysone 20 [AF]

▪ HYDROCORTISONE SODIUM SUCCINATE

hydrocortisone (as sodium succinate) 100 mg injection [1 chamber] (&) inert substance diluent [2 mL chamber], 1 dual chamber vial

1501B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*21.88	23.18	Solu-Cortef [PF]

hydrocortisone (as sodium succinate) 250 mg injection [1 chamber] (&) inert substance diluent [2 mL chamber], 1 dual chamber vial

3096Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	20.84	22.14	Solu-Cortef [PF]

▪ HYDROCORTISONE SODIUM SUCCINATE

Restricted benefit

For use in a hospital

hydrocortisone (as sodium succinate) 100 mg injection [1 chamber] (&) inert substance diluent [2 mL chamber], 1 dual chamber vial

1510L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	..	..	*41.50	41.30	Solu-Cortef [PF]

hydrocortisone (as sodium succinate) 100 mg injection [1 chamber] (&) inert substance diluent [2 mL chamber], 1 dual chamber vial

5118J (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	..	..	*41.50	41.30	Solu-Cortef [PF]

hydrocortisone (as sodium succinate) 250 mg injection [1 chamber] (&) inert substance diluent [2 mL chamber], 1 dual chamber vial

1511M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	..	..	*64.66	41.30	Solu-Cortef [PF]

hydrocortisone (as sodium succinate) 250 mg injection [1 chamber] (&) inert substance diluent [2 mL chamber], 1 dual chamber vial

5119K (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	..	..	*64.66	41.30	Solu-Cortef [PF]

▪ METHYLPREDNISOLONE

methylprednisolone 1 g injection, 1 vial

5264C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	44.58	41.30	[a] Methylpred [AL]	[a] Methylprednisolone Alphapharm [AF]
					[a] Solu-Medrol [PF]	

▪ METHYLPREDNISOLONE

Restricted benefit

Local intra-articular or peri-articular infiltration

methylprednisolone acetate 40 mg/mL modified release injection, 5 x 1 mL vials

1928L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.46	24.76	[a] Depo-Nisolone [FZ]
		[B]2.61	26.07	24.76	[a] Depo-Medrol [PF]

▪ METHYLPREDNISOLONE

Restricted benefit

Local intra-articular or peri-articular infiltration

methylprednisolone acetate 40 mg/mL modified release injection, 5 x 1 mL vials

5148Y (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.46	24.76	[a] Depo-Nisolone [FZ]
		[B]2.61	26.07	24.76	[a] Depo-Medrol [PF]

▪ METHYLPREDNISOLONE

Note Pharmaceutical benefits that have the form methylprednisolone powder for injection 40 mg (as sodium succinate) and pharmaceutical benefits that have the form methylprednisolone powder for injection 40 mg (as sodium succinate) with diluent are equivalent for the purposes of substitution.

methylprednisolone 40 mg injection [1 chamber] (&) inert substance diluent [1 mL chamber], 1 dual chamber vial

11739W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*41.68	41.30	[a] Solu-Medrol [PF]

NP

methylprednisolone 40 mg injection, 5 vials

5263B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	24.22	25.52	[a] Methylpred [AL]

NP

▪ PREDNISOLONE

prednisolone 25 mg tablet, 30

1916W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	16.47	17.77	Panafcortelone [AS]	Solone [IL]

NP

prednisolone 5 mg tablet, 60

1917X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	15.28	16.58	Panafcortelone [AS]	Solone [IL]

NP

prednisolone 1 mg tablet, 100

3152X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	14.87	16.17	[a] Predsolone [LN]
		[B]0.93	15.80	16.17	[a] Panafcortelone [AS]

NP

▪ PREDNISOLONE SODIUM PHOSPHATE

prednisolone (as sodium phosphate) 5 mg/mL oral liquid, 30 mL

8285C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	19.28	20.58	[a] PredMix [LN]
		[B]2.35	21.63	20.58	[a] Redipred [AS]

NP

▪ PREDNISONE

prednisone 1 mg tablet, 100

1934T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	14.82	16.12	[a] Predsone [LN]
		[B]0.93	15.75	16.12	[a] Panafcort [AS]

NP

prednisone 5 mg tablet, 60

1935W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	15.20	16.50	Panafcort [AS]	Sone [IL]

NP

prednisone 25 mg tablet, 30

1936X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	16.53	17.83	Panafcort [AS]	Sone [IL]

NP

▪ TRIAMCINOLONE

Restricted benefit

Local intra-articular or peri-articular infiltration

Restricted benefit

Keloid

Restricted benefit

Lichen planus hypertrophic

triamcinolone acetonide 10 mg/mL injection, 5 x 1 mL ampoules

5233K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	28.24	29.54	Kenacort-A10 [AS]

DP

▪ TRIAMCINOLONE

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Alopecia areata

Restricted benefit

Local intra-articular or peri-articular infiltration

Restricted benefit

Granulomata

Clinical criteria:

- The condition must be dermal.

Restricted benefit

Keloid

Restricted benefit

Lichen planus hypertrophic

Restricted benefit

Lichen simplex chronicus

Restricted benefit

Chronic discoid lupus erythematosus

Restricted benefit

Necrobiosis lipoidica

Restricted benefit

Psoriasis

triamcinolone acetonide 10 mg/mL injection, 5 x 1 mL ampoules

2990J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	28.24	29.54	Kenacort-A10 [AS]

NP

▪ THYROID THERAPY

THYROID PREPARATIONS

Thyroid hormones

▪ LEVOTHYROXINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

levothyroxine sodium 200 microgram tablet, 200

2173J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	29.98	31.28	[a] Eutroxsig [LN]
		[B]1.93	31.91	31.28	[a] Oroxine [AS]

NP

levothyroxine sodium 100 microgram tablet, 200

2175L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	27.35	28.65	[a] Eutroxsig [LN]
		[B]1.92	29.27	28.65	[a] Oroxine [AS]

NP

levothyroxine sodium 50 microgram tablet, 200

2174K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	26.82	28.12	[a] Eutroxsig [LN]
		[B]1.91	28.73	28.12	[a] Oroxine [AS]

NP

levothyroxine sodium 75 microgram tablet, 200

9287T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	27.38	28.68	[a] Eutroxsig [LN]
		[B]1.98	29.36	28.68	[a] Oroxine [AS]

NP

▪ LIOTHYRONINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6382

Thyroid cancer

Authority required (STREAMLINED)

6410

Hypothyroidism

Clinical criteria:

- The treatment must be for replacement therapy, **AND**
- Patient must have documented intolerance to levothyroxine sodium; OR
- Patient must have documented resistance to levothyroxine sodium.

Authority required (STREAMLINED)

6475

Hypothyroidism

Clinical criteria:

- The condition must be severe hypothyroidism, **AND**
- The treatment must be for initiation of therapy only.

liothyronine sodium 20 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2318B NP	1	2	..	69.02	41.30	Tertroxin [AS]

ANTITHYROID PREPARATIONS

Thiouracils

▪ PROPYLTHIOURACIL

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

propylthiouracil 50 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1955X NP	2	2	..	*43.54	41.30	PTU [FF]

Sulfur-containing imidazole derivatives

▪ CARBIMAZOLE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

carbimazole 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1153Q NP	2	2	..	*39.66	40.96	Neo-Mercazole [GH]

▪ PANCREATIC HORMONES

GLYCOGENOLYTIC HORMONES

Glycogenolytic hormones

▪ GLUCAGON HYDROCHLORIDE

glucagon hydrochloride 1 mg injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1449G NP	1	1	..	49.72	41.30	GlucaGen Hypokit [NO]

glucagon hydrochloride 1 mg injection [1 vial] (&) inert substance diluent [1 mL syringe], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5105Q DP	1	..	..	49.72	41.30	GlucaGen Hypokit [NO]

▪ CALCIUM HOMEOSTASIS

PARATHYROID HORMONES AND ANALOGUES

Parathyroid hormones and analogues

▪ TERIPARATIDE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Prescribing of the biosimilar brand, Terrosa, is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL pen device and pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL cartridge are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

12269

Severe established osteoporosis

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist; OR
- Must be treated by a consultant physician.

Clinical criteria:

- Patient must be at very high risk of fracture, **AND**
- Patient must have a bone mineral density (BMD) T-score of -3.0 or less, **AND**
- Patient must have had 2 or more fractures due to minimal trauma, **AND**
- Patient must have experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy, **AND**
- Patient must not have received treatment with romosozumab; OR
- Patient must have developed intolerance to romosozumab of a severity necessitating permanent treatment withdrawal within the first 6 months of therapy.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be documented in the patient's medical record at the time treatment with teriparatide is initiated.

If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy**.** Details must be documented in the patient's medical record at the time treatment with teriparatide is initiated.

Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months and zoledronic acid 5 mg per annum.

Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed after at least 12 months continuous anti-resorptive therapy and the score of the qualifying BMD measurement must be documented in the patient's medical record.

Authority required (STREAMLINED)

12270

Severe established osteoporosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy.

Treatment criteria:

- Must be treated by a by a specialist; OR
- Must be treated by a consultant physician.

Note Up to a maximum of 18 pens will be reimbursed through the PBS.

teriparatide 250 microgram/mL injection, 2.4 mL cartridge

12670W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	175.92	41.30	[a] Terrosa [FX]

▪ TERIPARATIDE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL pen device and pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL cartridge are equivalent for the purposes of substitution.

Authority required

Severe established osteoporosis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be at very high risk of fracture, **AND**
- Patient must have a bone mineral density (BMD) T-score of -3.0 or less, **AND**
- Patient must have had 2 or more fractures due to minimal trauma, **AND**
- Patient must have experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy, **AND**
- Patient must not have received treatment with romosozumab; OR
- Patient must have developed intolerance to romosozumab of a severity necessitating permanent treatment withdrawal within the first 6 months of therapy.

Treatment criteria:

- Must be treated by a specialist; OR

- Must be treated by a consultant physician.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be documented in the patient's medical record at the time treatment with this drug is initiated.

If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy. Details must be documented in the patient's medical record at the time treatment with this drug is initiated.

Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months and zoledronic acid 5 mg per annum.

Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed after at least 12 months continuous anti-resorptive therapy and the score of the qualifying BMD measurement must be provided at the time of application.

Authority required

Severe established osteoporosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy.

Treatment criteria:

- Must be treated by a specialist; OR
- Must be treated by a consultant physician.

Note Up to a maximum of 18 pens will be reimbursed through the PBS.

teriparatide 250 microgram/mL injection, 2.4 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9411H	1	5	..	175.92	41.30	[a] Forteo [LY]

ANTI-PARATHYROID AGENTS

Calcitonin preparations

▪ CALCITONIN SALMON (SALCATONIN)

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Symptomatic Paget disease of bone

Restricted benefit

Hypercalcaemia

Clinical criteria:

- The treatment must be initiated in a hospital.

calcitonin salmon (salcatonin) 100 units/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2997R	3	5	..	*127.00	41.30	Miacalcic 100 [EU]

NP

Other anti-parathyroid agents

▪ CINACALCET

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

10068

Secondary hyperparathyroidism

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have chronic kidney disease, **AND**
- Patient must be on dialysis, **AND**
- Patient must have achieved a decrease of at least 30% in intact parathyroid hormone (iPTH) concentrations after 6 months treatment; OR

- Patient must have an intact parathyroid (iPTH) concentration greater than 15 pmol/L and an (adjusted) serum calcium concentration of less than 2.6 mmol/L after 6 months.

During the maintenance phase, iPTH should be monitored quarterly (measured at least 12 hours post dose) and dose adjusted as necessary to maintain an appropriate iPTH concentration.

During the maintenance phase, prescribers should request approval to allow sufficient supply for 4 weeks treatment up to a maximum of 6 months supply, with doses between 30 and 180 mg per day according to the patient's response and tolerability.

cinacalcet 90 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9159C NP	1	5	..	116.54	41.30	[a] Cinacalcet Mylan [AF]	[a] Pharmacor Cinacalcet [CR]

cinacalcet 30 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9157Y NP	1	5	..	46.83	41.30	[a] Cinacalcet Mylan [AF]	[a] Pharmacor Cinacalcet [CR]

cinacalcet 60 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9158B NP	1	5	..	81.58	41.30	[a] Cinacalcet Mylan [AF]	[a] Pharmacor Cinacalcet [CR]

ANTIINFECTIVES FOR SYSTEMIC USE

ANTIBACTERIALS FOR SYSTEMIC USE

TETRACYCLINES

Tetracyclines

DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hyclate (hydrochloride)), doxycycline tablet 100 mg (as monohydrate) and doxycycline modified release capsule 100 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

doxycycline 100 mg modified release capsule, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2708M NP	1	1	[B]1.54	15.08	14.84	[a] Mayne Pharma Doxycycline [YT]
			[B]2.96	16.50	14.84	[a] Doryx [YN]

doxycycline 100 mg modified release capsule, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3322W DP	1	..	[B]1.54	15.08	14.84	[a] Mayne Pharma Doxycycline [YT]
			[B]2.96	16.50	14.84	[a] Doryx [YN]

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2709N NP	1	1	..	13.54	14.84	[a] APX-Doxycycline [TX] [a] Doxylin 100 [AF]	[a] Doxsig [RW]

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3321T DP	1	..	..	13.54	14.84	[a] APX-Doxycycline [TX] [a] Doxylin 100 [AF]	[a] Doxsig [RW]

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5082L DP	1	..	..	13.54	14.84	[a] APO-Doxycycline [TX]	[a] Doxycycline Sandoz [HX]

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9105F NP	1	1	..	13.54	14.84	[a] APO-Doxycycline [TX]	[a] Doxycycline Sandoz [HX]

DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hyclate (hydrochloride)), doxycycline tablet 100 mg (as monohydrate) and doxycycline modified release capsule 100 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

Restricted benefit

Urethritis

doxycycline 100 mg modified release capsule, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2715X NP	1	..	[B]3.11	19.68	17.87	[a] Mayne Pharma Doxycycline [YT]

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2714W NP	3	..	..	*16.45	17.75	[a] APX-Doxycycline [TX] [a] Doxylin 100 [AF]	[a] Doxsig [RW]

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9108J NP	3	..	..	*16.45	17.75	[a] Doxycycline Sandoz [HX]

doxycycline 100 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10176N NP	1	..	..	16.57	17.87	[a] APX-Doxycycline [TX] [a] Doxylin 100 [AF]	[a] Doxsig [RW]

doxycycline 100 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1800R NP	1	..	..	16.57	17.87	[a] APO-Doxycycline [TX]

▪ DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hyclate (hydrochloride)), doxycycline tablet 100 mg (as monohydrate) and doxycycline modified release capsule 100 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

Restricted benefit

Severe acne

doxycycline 100 mg modified release capsule, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10777F	4	5	[B]6.16	*24.10	19.24	[a] Mayne Pharma Doxycycline [YT]
			[B]11.84	*29.78	19.24	[a] Doryx [YN]

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10779H	4	5	..	*17.94	19.24	[a] APX-Doxycycline [TX] [a] Doxylin 100 [AF]	[a] Doxsig [RW]

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10781K	4	5	..	*17.94	19.24	[a] APO-Doxycycline [TX]	[a] Doxycycline Sandoz [HX]

▪ DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 100 mg (as hyclate (hydrochloride)), doxycycline tablet 100 mg (as monohydrate) and doxycycline modified release capsule 100 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

Restricted benefit

Pelvic inflammatory disease

doxycycline 100 mg modified release capsule, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2703G NP	4	..	[B]6.16	*24.10	19.24	[a] Mayne Pharma Doxycycline [YT]
			[B]11.84	*29.78	19.24	[a] Doryx [YN]

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2702F NP	4	..	..	*17.94	19.24	[a] APX-Doxycycline [TX] [a] Doxylin 100 [AF]	[a] Doxsig [RW]

doxycycline 100 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9107H NP	4	..	..	*17.94	19.24	[a] APO-Doxycycline [TX]	[a] Doxycycline Sandoz [HX]

▪ DOXYCYCLINE

Note Pharmaceutical benefits that have the forms doxycycline tablet 50 mg (as hyclate (hydrochloride)), doxycycline tablet 50 mg (as monohydrate) and doxycycline modified release capsule 50 mg (as hyclate (hydrochloride)) are equivalent for the purposes of substitution.

Restricted benefit
Bronchiectasis
Population criteria:
- Patient must be aged 8 years or older.

Restricted benefit
Chronic bronchitis
Population criteria:
- Patient must be aged 8 years or older.

Restricted benefit
Severe acne

doxycycline 50 mg modified release capsule, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2707L NP	1	5	[B]2.41	17.07	15.96	[a] Mayne Pharma Doxycycline [YT]
			[B]4.76	19.42	15.96	[a] Doryx [YN]

doxycycline 50 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2711Q NP	1	5	..	14.66	15.96	[a] APX-Doxycycline [TX] [a] Doxylin 50 [AF]	[a] Doxsig [RW]

doxycycline 50 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9106G NP	1	5	..	14.66	15.96	[a] APO-Doxycycline [TX] [a] Frakas [RW]	[a] Doxycycline Sandoz [HX]

▪ MINOCYCLINE

Caution There are concerns about the incidence of benign intracranial hypertension associated with this drug.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit
Severe acne
Clinical criteria:
- The condition must not be responding to other tetracyclines.

minocycline 50 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1616C NP	1	5	..	21.23	22.53	[a] Akamin 50 [AF]	[a] Minomycin-50 [AS]

BETA-LACTAM ANTIBACTERIALS, PENICILLINS

Penicillins with extended spectrum

▪ AMOXICILLIN

amoxicillin 250 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1887H NP	‡1	1	..	#17.29	18.96	[a] Alphamox 250 [AF] [a] Cilamox [AL]	[a] Amoxycillin Sandoz [SZ] [a] NOUMED AMOXICILLIN [VO]
			[B]0.70	#17.99	18.96	[a] APO-Amoxycillin [TX]	
			[B]3.31	#20.60	18.96	[a] Amoxil Forte [AS]	

amoxicillin 250 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3393N DP	‡1	..	..	#17.29	18.96	[a] Alphamox 250 [AF] [a] Cilamox [AL]	[a] Amoxycillin Sandoz [SZ] [a] NOUMED AMOXICILLIN [VO]
			[B]0.70	#17.99	18.96	[a] APO-Amoxycillin [TX]	
			[B]3.31	#20.60	18.96	[a] Amoxil Forte [AS]	

amoxicillin 500 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3300Q DP	1	..	..	13.92	15.22	[a] Alphamox 500 [AF] [a] Amoxycillin generichealth 500 [GQ] [a] APO-Amoxycillin [TX] [a] NOUMED AMOXICILLIN [VO]	[a] AMILOXYN [RF] [a] Amoxycillin Sandoz [SZ] [a] Cilamox [AL]
			[B]3.67	17.59	15.22	[a] Amoxil [AS]	

amoxicillin 500 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5225B DP	‡1	..	..	#17.97	19.64	Maxamox [SZ]

amoxicillin 500 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8705E NP	‡1	1	..	#17.97	19.64	Maxamox [SZ]

amoxicillin 250 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3301R DP	1	..	..	13.66	14.96	[a] Alphamox 250 [AF] [a] APO-Amoxycillin [TX]	[a] AMILOXYN [RF] [a] Cilamox [AL]
			[B]3.38	17.04	14.96	[a] Amoxil [AS]	

amoxicillin 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1886G NP	‡1	1	..	#16.98	18.65	[a] Alphamox 125 [AF] [a] NOUMED AMOXICILLIN [VO]	[a] APO-Amoxycillin [TX]
			[B]3.22	#20.20	18.65	[a] Amoxil [AS]	

amoxicillin 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3302T DP	‡1	..	..	#16.98	18.65	[a] Alphamox 125 [AF] [a] NOUMED AMOXICILLIN [VO]	[a] APO-Amoxycillin [TX]
			[B]3.22	#20.20	18.65	[a] Amoxil [AS]	

amoxicillin 100 mg/mL powder for oral liquid, 20 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1888J NP	‡1	1	[S]0.53	#22.14	23.28	Amoxil [AS]

amoxicillin 100 mg/mL powder for oral liquid, 20 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3310F DP	‡1	..	[S]0.53	#22.14	23.28	Amoxil [AS]

▪ AMOXICILLIN

Authority required (STREAMLINED)

10416

Community acquired pneumonia

Clinical criteria:

- Patient must have community acquired pneumonia.

amoxicillin 1 g tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12002Q NP	1	1	..	13.96	15.26	[a] Amoxycillin Sandoz [BG]
			[B]1.00	14.96	15.26	[a] Maxamox [SZ]

▪ AMOXICILLIN

Restricted benefit

Chronic bronchitis

Clinical criteria:

- Patient must have acute exacerbations of the condition.

amoxicillin 1 g tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8581P NP	1	1	..	13.96	15.26	[a] Amoxycillin Sandoz [BG]
			[B]1.00	14.96	15.26	[a] Maxamox [SZ]

▪ AMOXICILLIN

Authority required

Infection suspected or proven to be due to a susceptible organism

Clinical criteria:

- The treatment must be for patients who require a liquid formulation and in whom the syrup formulations are unsuitable.

amoxicillin 100 mg/mL powder for oral liquid, 20 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9714G NP	‡1	1	..	#22.14	23.81	Amoxil [AS]

▪ AMOXICILLIN

Authority required (STREAMLINED)

10402

Infection

Clinical criteria:

- Patient must be a male with acute cystitis; OR
- Patient must have pyelonephritis; OR

- Patient must have a tooth avulsion; OR
- Patient must have salmonella enteritis; OR
- Patient must have community acquired pneumonia; OR
- Patient must have a condition requiring prolonged oral antibiotic therapy.

amoxicillin 500 mg capsule, 20

11947T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*15.76	17.06	[a] Alphamox 500 [AF]	[a] AMILOXYN [RF]
					[a] Amoxycillin generichealth 500 [GQ]	[a] Amoxycillin Sandoz [SZ]
					[a] APO-Amoxycillin [TX]	[a] Cilamox [AL]
					[a] NOUMED AMOXICILLIN [VO]	
		[B]7.34	*23.10	17.06	[a] Amoxil [AS]	

▪ AMOXICILLIN

Authority required (STREAMLINED)

10404

Infection

Clinical criteria:

- Patient must have a condition requiring prolonged oral antibiotic therapy.

amoxicillin 250 mg capsule, 20

11998L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*15.24	16.54	[a] Alphamox 250 [AF]	[a] AMILOXYN [RF]
					[a] APO-Amoxycillin [TX]	[a] Cilamox [AL]
		[B]6.76	*22.00	16.54	[a] Amoxil [AS]	

▪ AMOXICILLIN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

amoxicillin 500 mg capsule, 20

1889K (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	13.92	15.22	[a] Alphamox 500 [AF]	[a] AMILOXYN [RF]
					[a] Amoxycillin generichealth 500 [GQ]	[a] Amoxycillin Sandoz [SZ]
					[a] APO-Amoxycillin [TX]	[a] Cilamox [AL]
					[a] NOUMED AMOXICILLIN [VO]	
		[B]3.67	17.59	15.22	[a] Amoxil [AS]	

amoxicillin 250 mg capsule, 20

1884E (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	13.66	14.96	[a] Alphamox 250 [AF]	[a] AMILOXYN [RF]
					[a] APO-Amoxycillin [TX]	[a] Cilamox [AL]
		[B]3.38	17.04	14.96	[a] Amoxil [AS]	

▪ AMPICILLIN

ampicillin 500 mg injection, 5 vials

2390T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	17.10	18.40	Austrapen [AL]

ampicillin 500 mg injection, 5 vials

3313J (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	17.10	18.40	Austrapen [AL]

ampicillin 1 g injection, 5 vials

2977Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	18.22	19.52	Ampicyn [AF]

ampicillin 1 g injection, 5 vials

3314K (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	18.22	19.52	Ampicyn [AF]

Beta-lactamase sensitive penicillins

▪ BENZATHINE BENZYLPENICILLIN

benzathine benzylpenicillin tetrahydrate 1.2 million units (1016.6 mg)/2.3 mL injection, 10 x 2.3 mL syringes

2267H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	304.82	41.30	Bicillin L-A [PF]

benzathine benzylpenicillin tetrahydrate 1.2 million units (1016.6 mg)/2.3 mL injection, 10 x 2.3 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5027N DP	1	..	..	304.82	41.30	Bicillin L-A [PF]

benzathine benzylpenicillin tetrahydrate 600 000 units (517 mg)/1.17 mL injection, 10 x 1.17 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11723B NP	1	..	..	155.96	41.30	Bicillin L-A [PF]

benzathine benzylpenicillin tetrahydrate 600 000 units (517 mg)/1.17 mL injection, 10 x 1.17 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11735P DP	1	..	..	155.96	41.30	Bicillin L-A [PF]

▪ BENZYLPENICILLIN

benzylpenicillin 600 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1775K NP MW	10	1	..	*71.48	41.30	BenPen [CS]

benzylpenicillin 600 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3398W DP	10	..	..	*71.48	41.30	BenPen [CS]

benzylpenicillin 3 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2647H NP	10	..	..	*107.88	41.30	BenPen [CS]

benzylpenicillin 3 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3399X DP	10	..	..	*107.88	41.30	BenPen [CS]

▪ PHENOXYMETHYLPENICILLIN

phenoxymethylpenicillin 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5024K DP	2	..	..	*#22.03	23.70	Phenoxymethylpenicillin-AFT [AE]

phenoxymethylpenicillin 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8976K NP	2	1	..	*#22.03	23.70	Phenoxymethylpenicillin-AFT [AE]

phenoxymethylpenicillin 500 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2965C NP	1	..	..	18.21	19.51	Cilicaine VK [AF]	LPV [IL]

phenoxymethylpenicillin 500 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3364C DP	1	..	..	18.21	19.51	Cilicaine VK [AF]	LPV [IL]

phenoxymethylpenicillin 250 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1787C NP	2	..	..	*16.46	17.76	Aspecillin VK [AF]

phenoxymethylpenicillin 250 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3360W DP	2	..	..	*16.46	17.76	Aspecillin VK [AF]

phenoxymethylpenicillin 500 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3028J NP	2	..	..	*18.38	19.68	Aspecillin VK [AF]

phenoxymethylpenicillin 500 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3361X DP	2	..	..	*18.38	19.68	Aspecillin VK [AF]

phenoxymethylpenicillin 150 mg/5 mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5012T DP	2	..	..	*25.28	26.58	Cilicaine V [AF]

phenoxymethylpenicillin 150 mg/5 mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9143F NP	2	1	..	*25.28	26.58	Cilicaine V [AF]

phenoxymethylpenicillin 250 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5029Q DP	2	..	..	*#24.27	25.94	Phenoxymethylpenicillin-AFT [AE]

phenoxymethylpenicillin 250 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8977L NP	2	1	..	*#24.27	25.94	Phenoxymethylpenicillin-AFT [AE]

phenoxymethylpenicillin 250 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1789E NP	1	..	..	16.32	17.62	Cilicaine VK [AF]	LPV [IL]

phenoxymethylpenicillin 250 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3363B DP	1	..	..	16.32	17.62	Cilicaine VK [AF]	LPV [IL]

▪ PHENOXYMETHYLPENICILLIN

Restricted benefit

Recurrent streptococcal infections (including rheumatic fever)

Clinical criteria:

- The treatment must be for prophylaxis.

phenoxymethylpenicillin 250 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1703P NP	2	5	..	*16.46	17.76	Aspecillin VK [AF]

phenoxymethylpenicillin 250 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1705R NP	1	5	..	16.32	17.62	Cilicaine VK [AF]	LPV [IL]

▪ PROCAINE BENZYLPENICILLIN (PROCAINE PENICILLIN)

procaine benzylpenicillin (procaine penicillin) 1.5 g/3.4 mL injection, 5 x 3.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1794K NP	1	..	..	75.43	41.30	Cilicaine [AF]

procaine benzylpenicillin (procaine penicillin) 1.5 g/3.4 mL injection, 5 x 3.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3371K DP	1	..	..	75.43	41.30	Cilicaine [AF]

Beta-lactamase resistant penicillins

▪ DICLOXACILLIN

Restricted benefit

Serious staphylococcal infection

dicloxacillin 500 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5097G DP	1	..	..	20.18	21.48	[a] Dicloxacillin Mylan 500 [AL]
			[B]1.95	22.13	21.48	[a] Distaph 500 [AF]

dicloxacillin 250 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5096F DP	1	..	..	16.79	18.09	[a] Dicloxacillin Mylan 250 [AL]
			[B]1.86	18.65	18.09	[a] Distaph 250 [AF]

▪ DICLOXACILLIN

Restricted benefit

Serious staphylococcal infection

dicloxacillin 500 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8122L NP MW	1	..	..	20.18	21.48	[a] Dicloxacillin Mylan 500 [AL]
			[B]1.95	22.13	21.48	[a] Distaph 500 [AF]

dicloxacillin 250 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8121K NP MW	1	..	..	16.79	18.09	[a] Dicloxacillin Mylan 250 [AL]
			[B]1.86	18.65	18.09	[a] Distaph 250 [AF]

▪ DICLOXACILLIN

Authority required (STREAMLINED)

6188

Osteomyelitis

dicloxacillin 500 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10790X	2	1	..	*28.28	29.58	[a] Dicloxacillin Mylan 500 [AL]
			[B]3.90	*32.18	29.58	[a] Distaph 500 [AF]

▪ FLUCLOXACILLIN

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Note Pharmaceutical benefits that have the form flucloxacillin 1 g injection in a pack size of 5 can be substituted for a pack size of 10 in the case of a shortage.

flucloxacillin 1 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10605E NP	0.5	1	..	*24.95	26.25	[a] Flubiclox [JU]

flucloxacillin 1 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10609J DP	0.5	..	..	*24.95	26.25	[a] Flubiclox [JU]

flucloxacillin 1 g injection, 5 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1525G NP	1	1	..	20.66	21.96	[a] Flucil [AS]

flucloxacillin 1 g injection, 5 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5095E DP	1	..	..	20.66	21.96	[a] Flucil [AS]

▪ FLUCLOXACILLIN

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Restricted benefit

Serious staphylococcal infection

flucloxacillin 250 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5258R DP	‡1	..	..	#24.49	26.16	Flucil [LN]

flucloxacillin 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5257Q DP	‡1	..	..	#21.42	23.09	Flucil [LN]

▪ FLUCLOXACILLIN

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Restricted benefit

Serious staphylococcal infection

flucloxacillin 250 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9150N NP	‡1	1	..	#24.49	26.16	Flucil [LN]

flucloxacillin 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9149M NP	‡1	1	..	#21.42	23.09	Flucil [LN]

▪ FLUCLOXACILLIN

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Note Pharmaceutical benefits that have the form flucloxacillin 250 mg capsule, 28 and pharmaceutical benefits that have the form flucloxacillin 250 mg capsule, 24 are equivalent for the purposes of substitution.

Restricted benefit

Serious staphylococcal infection

flucloxacillin 250 mg capsule, 24

1526H (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	16.35	17.65	[a] APO-Flucloxacillin [TX] [a] Staphylex 250 [AF]	[a] Flopen [AL]

▪ FLUCLOXACILLIN

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Note Pharmaceutical benefits that have the form flucloxacillin 500 mg capsule, 24 and pharmaceutical benefits that have the form flucloxacillin 500 mg capsule, 100 are equivalent for the purposes of substitution.

Restricted benefit

Serious staphylococcal infection

flucloxacillin 500 mg capsule, 24

1527J (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	20.77	22.07	[a] APO-Flucloxacillin [TX] [a] Staphylex 500 [AF]	[a] Flopen [AL]

▪ FLUCLOXACILLIN

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Note Pharmaceutical benefits that have the form flucloxacillin 250 mg capsule, 28 and pharmaceutical benefits that have the form flucloxacillin 250 mg capsule, 24 are equivalent for the purposes of substitution.

Restricted benefit

Serious staphylococcal infection

flucloxacillin 250 mg capsule, 24

5090X (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	16.35	17.65	[a] APO-Flucloxacillin [TX] [a] Staphylex 250 [AF]	[a] Flopen [AL]

▪ FLUCLOXACILLIN

Caution Severe cholestatic hepatitis has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Note Pharmaceutical benefits that have the form flucloxacillin 500 mg capsule, 24 and pharmaceutical benefits that have the form flucloxacillin 500 mg capsule, 100 are equivalent for the purposes of substitution.

Restricted benefit

Serious staphylococcal infection

flucloxacillin 500 mg capsule, 24

5091Y (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	20.77	22.07	[a] APO-Flucloxacillin [TX] [a] Staphylex 500 [AF]	[a] Flopen [AL]

▪ FLUCLOXACILLIN

Caution Severe cholestatic jaundice has been reported with this drug. Significant risk factors are age, particularly greater than 55 years, and duration of treatment longer than 14 days.

Note Pharmaceutical benefits that have the form flucloxacillin 500 mg capsule, 24 and pharmaceutical benefits that have the form flucloxacillin 500 mg capsule, 100 are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

6169

Osteomyelitis

flucloxacillin 500 mg capsule, 24

10788T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	1	..	*29.46	30.76	[a] APO-Flucloxacillin [TX] [a] Staphylex 500 [AF]	[a] Flopen [AL]

Combinations of penicillins, incl. beta-lactamase inhibitors

▪ AMOXICILLIN + CLAVULANIC ACID

Authority required (STREAMLINED)

10413

Infection

Clinical criteria:

- Patient must have periorbital (preseptal) cellulitis; OR
- Patient must have postpartum endometritis; OR

- Patient must have an exacerbation of bronchiectasis; OR
- Patient must have pyelonephritis; OR
- Patient must have pneumonia acquired in hospital or aged care; OR
- Patient must have a diabetic foot infection; OR
- Patient must have a condition requiring prolonged oral antibiotic therapy.

amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11933C NP	2	..	..	*17.66	18.96	[a] AlphaClav Duo Forte [AF]	[a] AMCLAVOX DUO FORTE 875/125 [RW]
						[a] Amoxyclav AN 875/125 [EA]	[a] AmoxyClav generichealth 875/125 [HQ]
						[a] APO-Amoxycillin and Clavulanic Acid [TX]	[a] Curam Duo Forte 875/125 [SZ]
			[B]12.44	*30.10	18.96	[a] Augmentin Duo forte [AS]	

▪ AMOXICILLIN + CLAVULANIC ACID

Authority required (STREAMLINED)

10405

Infection

Clinical criteria:

- Patient must be a male with acute cystitis; OR
- Patient must have a condition requiring prolonged oral antibiotic therapy.

amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11941L NP	2	..	..	*17.10	18.40	[a] AlphaClav Duo [AF]	[a] AMCLAVOX DUO 500/125 [RW]
						[a] Amoxycillin/Clavulanic Acid 500/125 APOTEX [TY]	[a] Amoxyclav AN 500/125 [EA]
						[a] APO-Amoxycillin/ Clavulanic Acid 500/125 [TX]	[a] Curam Duo 500/125 [SZ]
			[B]9.66	*26.76	18.40	[a] Augmentin Duo [AS]	

▪ AMOXICILLIN + CLAVULANIC ACID

Caution Hepatotoxicity has been reported with this drug.

Restricted benefit

Infection where resistance to amoxicillin is suspected

Restricted benefit

Infections where resistance to amoxicillin is proven

amoxicillin 400 mg/5 mL + clavulanic acid 57 mg/5 mL powder for oral liquid, 60 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8319W NP	‡1	1	..	#17.60	19.27	[a] Curam Duo [SZ]
			[B]4.57	#22.17	19.27	[a] Augmentin Duo 400 [AS]

amoxicillin 125 mg/5 mL + clavulanic acid 31.25 mg/5 mL powder for oral liquid, 75 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1892N NP	‡1	1	..	#17.30	18.97	Curam [SZ]

▪ AMOXICILLIN + CLAVULANIC ACID

Caution Hepatotoxicity has been reported with this drug.

Restricted benefit

Infection where resistance to amoxicillin is suspected

Restricted benefit

Infections where resistance to amoxicillin is proven

amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5006L DP	1	..	..	14.87	16.17	[a] AlphaClav Duo Forte [AF]	[a] AMCLAVOX DUO FORTE 875/125 [RW]
						[a] Amoxyclav AN 875/125 [EA]	[a] AmoxyClav generichealth 875/125 [HQ]
						[a] APO-Amoxycillin and Clavulanic Acid [TX]	[a] Curam Duo Forte 875/125 [SZ]
			[B]6.22	21.09	16.17	[a] Augmentin Duo forte [AS]	

amoxicillin 400 mg/5 mL + clavulanic acid 57 mg/5 mL powder for oral liquid, 60 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5011R DP	‡1	..	..	#17.60	19.27	[a] Curam Duo [SZ]
			[B]4.57	#22.17	19.27	[a] Augmentin Duo 400 [AS]

amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5008N DP	1	..	..	14.59	15.89	[a] AlphaClav Duo [AF]	[a] AMCLAVOX DUO 500/125 [RW]
						[a] Amoxycillin/Clavulanic Acid 500/125 APOTEX [TY]	[a] Amoxyclav AN 500/125 [EA]
						[a] APO-Amoxycillin/ Clavulanic Acid 500/125 [TX]	[a] Curam Duo 500/125 [SZ]
			[B]4.83	19.42	15.89	[a] Augmentin Duo [AS]	

amoxicillin 125 mg/5 mL + clavulanic acid 31.25 mg/5 mL powder for oral liquid, 75 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5009P DP	‡1	..	..	#17.30	18.97	Curam [SZ]

▪ AMOXICILLIN + CLAVULANIC ACID

Caution Hepatotoxicity has been reported with this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Infection where resistance to amoxicillin is suspected

Restricted benefit

Infections where resistance to amoxicillin is proven

amoxicillin 875 mg + clavulanic acid 125 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8254K NP	1	..	..	14.87	16.17	[a] AlphaClav Duo Forte [AF]	[a] AMCLAVOX DUO FORTE 875/125 [RW]
						[a] Amoxyclav AN 875/125 [EA]	[a] AmoxyClav generichealth 875/125 [HQ]
						[a] APO-Amoxycillin and Clavulanic Acid [TX]	[a] Curam Duo Forte 875/125 [SZ]
			[B]6.22	21.09	16.17	[a] Augmentin Duo forte [AS]	

amoxicillin 500 mg + clavulanic acid 125 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1891M NP MW	1	..	..	14.59	15.89	[a] AlphaClav Duo [AF]	[a] AMCLAVOX DUO 500/125 [RW]
						[a] Amoxycillin/Clavulanic Acid 500/125 APOTEX [TY]	[a] Amoxyclav AN 500/125 [EA]
						[a] APO-Amoxycillin/ Clavulanic Acid 500/125 [TX]	[a] Curam Duo 500/125 [SZ]
			[B]4.83	19.42	15.89	[a] Augmentin Duo [AS]	

OTHER BETA-LACTAM ANTIBACTERIALS

First-generation cephalosporins

▪ CEFALEXIN

cefalexin 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3094W NP	‡1	1	..	#17.52	19.19	[a] Cefalexin Sandoz [SZ]	[a] Ibilex 125 [AF]
			[B]3.88	#21.40	19.19	[a] Keflex [AS]	

cefalexin 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3319Q DP	‡1	..	..	#17.52	19.19	[a] Cefalexin Sandoz [SZ]	[a] Ibilex 125 [AF]
			[B]3.88	#21.40	19.19	[a] Keflex [AS]	

cefalexin 500 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3318P DP	1	..	..	14.02	15.32	[a] Cefalexin Sandoz [SZ]	[a] Cephalex 500 [CR]
						[a] Cephalexin generichealth [GQ]	[a] Ibilex 500 [AF]
						[a] NOUMED CEFALEXIN [VO]	
			[B]0.70	14.72	15.32	[a] APO-Cephalexin [TX]	
			[B]5.39	19.41	15.32	[a] Keflex [AS]	

cefalexin 250 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3095X NP	‡1	1	..	#17.80	19.47	[a] Cefalexin Sandoz [SZ]	[a] Ibilex 250 [AF]
			[B]5.44	#23.24	19.47	[a] Keflex [AS]	

cefalexin 250 mg/5 mL powder for oral liquid, 100 mL

3320R (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	#17.80	19.47	[a] Cefalexin Sandoz [SZ]	[a] Ibilex 250 [AF]
		[B]5.44	#23.24	19.47	[a] Keflex [AS]	

cefalexin 250 mg capsule, 20

3317N (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	13.88	15.18	[a] Ibilex 250 [AF]
		[B]0.70	14.58	15.18	[a] APO-Cephalexin [TX]
		[B]3.67	17.55	15.18	[a] Keflex [AS]

▪ CEFALEXIN

Authority required (STREAMLINED)

6188

Osteomyelitis

cefalexin 500 mg capsule, 20

10778G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	1	..	*15.96	17.26	[a] Cefalexin Sandoz [SZ] [a] Cephalexin generichealth [GQ] [a] NOUMED CEFALEXIN [VO]	[a] Cephalex 500 [CR] [a] Ibilex 500 [AF]
		[B]1.40	*17.36	17.26	[a] APO-Cephalexin [TX]	
		[B]10.78	*26.74	17.26	[a] Keflex [AS]	

▪ CEFALEXIN

Authority required (STREAMLINED)

10410

Infection

Clinical criteria:

- Patient must have a pin-site infection; OR
- Patient must have an infection following cardiac device insertion; OR
- Patient must have acute otitis externa; OR
- Patient must have streptococcal pharyngitis or tonsillitis; OR
- Patient must have mastitis; OR
- Patient must have periorbital (preseptal) cellulitis; OR
- Patient must have acute rheumatic fever; OR
- Patient must have a diabetic foot infection; OR
- Patient must have a widespread infection of dermatitis; OR
- Patient must require treatment for prophylaxis for invasive group A streptococcal (iGAS) infection; OR
- Patient must have impetigo; OR
- Patient must have pyelonephritis; OR
- Patient must have a condition requiring prolonged oral antibiotic therapy.

Midwives may prescribe under this item for the treatment of mastitis only.

cefalexin 500 mg capsule, 20

11934D (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*15.96	17.26	[a] Cefalexin Sandoz [SZ] [a] Cephalexin generichealth [GQ] [a] NOUMED CEFALEXIN [VO]	[a] Cephalex 500 [CR] [a] Ibilex 500 [AF]
		[B]1.40	*17.36	17.26	[a] APO-Cephalexin [TX]	
		[B]10.78	*26.74	17.26	[a] Keflex [AS]	

▪ CEFALEXIN

Authority required (STREAMLINED)

10412

Infection

Clinical criteria:

- Patient must have impaired renal function, **AND**
- Patient must have a pin-site infection; OR
- Patient must have an infection following cardiac device insertion; OR
- Patient must have acute otitis externa; OR
- Patient must have streptococcal pharyngitis or tonsillitis; OR
- Patient must have mastitis; OR
- Patient must have periorbital (preseptal) cellulitis; OR
- Patient must have acute rheumatic fever; OR
- Patient must have a diabetic foot infection; OR
- Patient must have a widespread infection of dermatitis; OR
- Patient must require treatment for prophylaxis for invasive group A streptococcal (iGAS) infection; OR
- Patient must have impetigo; OR
- Patient must have pyelonephritis; OR

- Patient must have a condition requiring prolonged oral antibiotic therapy.

Midwives may prescribe under this item for the treatment of mastitis only, where the patient has impaired renal function.

cefalexin 250 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11963P NP MW	2	..	..	*15.68	16.98	[a] Ibilex 250 [AF]
			[B]1.40	*17.08	16.98	[a] APO-Cephalexin [TX]
			[B]7.34	*23.02	16.98	[a] Keflex [AS]

▪ CEFALEXIN

Authority required (STREAMLINED)

4243

Prophylaxis of urinary tract infection

cefalexin 250 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2655R	2	2	..	*15.68	16.98	[a] Ibilex 250 [AF]
			[B]1.40	*17.08	16.98	[a] APO-Cephalexin [TX]
			[B]7.34	*23.02	16.98	[a] Keflex [AS]

▪ CEFALEXIN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

cefalexin 500 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3119E NP MW	1	..	..	14.02	15.32	[a] Cefalexin Sandoz [SZ] [a] Cephalexin generichealth [GQ] [a] NOUMED CEFALEXIN [VO]	[a] Cephalex 500 [CR] [a] Ibilex 500 [AF]
			[B]0.70	14.72	15.32	[a] APO-Cephalexin [TX]	
			[B]5.39	19.41	15.32	[a] Keflex [AS]	

cefalexin 250 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3058Y NP MW	1	..	..	13.88	15.18	[a] Ibilex 250 [AF]
			[B]0.70	14.58	15.18	[a] APO-Cephalexin [TX]
			[B]3.67	17.55	15.18	[a] Keflex [AS]

▪ CEFAZOLIN

Restricted benefit

Cellulitis

cefazolin 1 g injection, 5 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1799Q NP	2	..	..	*21.86	23.16	Cefazolin-AFT [AE]

▪ CEFAZOLIN

Restricted benefit

Cellulitis

cefazolin 500 mg injection, 5 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5477G NP	2	..	..	*18.38	19.68	Cefazolin-AFT [AE]

▪ CEFAZOLIN

Note Pharmaceutical benefits that have the form cefazolin 2 g injection, 1 vial, and pharmaceutical benefits that have the form cefazolin 2 g injection, 10 vials are equivalent for the purposes of substitution.

Restricted benefit

Cellulitis

cefazolin 2 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5479J NP	10	..	..	*39.88	41.18	[a] Cephazolin Alphapharm [AF]

cefazolin 2 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12115P NP	1	..	..	39.93	41.23	[a] Cephazolin Alphapharm [AF]

▪ CEFAZOLIN

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical

practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent
Restricted benefit
Septicaemia, suspected
Restricted benefit
Septicaemia, proven

cefazolin 500 mg injection, 5 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1256D NP	2	..	..	*18.38	19.68	Cefazolin-AFT [AE]

▪ CEFAZOLIN

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent
Restricted benefit
Septicaemia, suspected
Restricted benefit
Septicaemia, proven

cefazolin 1 g injection, 5 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1797N NP	2	..	..	*21.86	23.16	Cefazolin-AFT [AE]

▪ CEFAZOLIN

Note Pharmaceutical benefits that have the form cefazolin 2 g injection, 1 vial, and pharmaceutical benefits that have the form cefazolin 2 g injection, 10 vials are equivalent for the purposes of substitution.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent
Restricted benefit
Septicaemia, suspected
Restricted benefit
Septicaemia, proven

cefazolin 2 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9326W NP	10	..	..	*39.88	41.18	[a] Cephazolin Alphapharm [AF]

cefazolin 2 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12118T NP	1	..	..	39.93	41.23	[a] Cephazolin Alphapharm [AF]

Second-generation cephalosporins

▪ CEFACLOR

Caution Serum sickness-like reactions have been reported with this drug, especially in children.

cefaclor 375 mg modified release tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1169M	1	1	..	15.99	17.29	[a] APO-Cefaclor CD [TX] [a] Karlor CD [MQ]	[a] Cefaclor GH [GQ] [a] Keflor CD [AF]
			[B]7.85	23.84	17.29	[a] Ceclor CD [AL]	

cefaclor 375 mg modified release tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5045M DP	1	..	..	15.99	17.29	[a] APO-Cefaclor CD [TX] [a] Karlor CD [MQ]	[a] Cefaclor GH [GQ] [a] Keflor CD [AF]
			[B]7.85	23.84	17.29	[a] Ceclor CD [AL]	

cefaclor 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2460L	‡1	1	..	#18.81	20.48	[a] Aclor 125 [MQ] [a] Keflor [AF]	[a] APO-Cefaclor [TX]
			[B]7.82	#26.63	20.48	[a] Ceclor [AL]	

cefaclor 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5046N DP	‡1	..	..	#18.81	20.48	[a] Aclor 125 [MQ] [a] Keflor [AF]	[a] APO-Cefaclor [TX]
			[B]7.82	#26.63	20.48	[a] Ceclor [AL]	

cefaclor 250 mg/5 mL powder for oral liquid, 75 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2461M	‡1	1	..	#19.01	20.68	[a] Aclor 250 [MQ] [a] Keflor [AF]	[a] APO-Cefaclor [TX]
			[B]7.84	#26.85	20.68	[a] Ceclor [AL]	

cefaclor 250 mg/5 mL powder for oral liquid, 75 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5047P DP	‡1	..	..	#19.01	20.68	[a] Aclor 250 [MQ] [a] Keflor [AF]	[a] APO-Cefaclor [TX]
			[B]7.84	#26.85	20.68	[a] Ceclor [AL]	

▪ CEFUROXIME

cefuroxime 250 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11227X	1	1	..	24.31	25.61	[a] Pharmacor Cefuroxime [CR]	[a] Zinnat [AS]

cefuroxime 250 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11228Y DP	1	..	..	24.31	25.61	[a] Pharmacor Cefuroxime [CR]	[a] Zinnat [AS]

cefuroxime 250 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5052X DP	1	..	..	20.64	21.94	Pharmacor Cefuroxime [CR]

cefuroxime 250 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8292K	1	1	..	20.64	21.94	Pharmacor Cefuroxime [CR]

cefuroxime 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11191B DP	‡1	..	..	#27.58	29.25	Zinnat [AS]

cefuroxime 125 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11192C	‡1	1	..	#27.58	29.25	Zinnat [AS]

Third-generation cephalosporins

▪ CEFOTAXIME

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

cefotaxime 1 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1768C DP	1	..	..	34.13	35.43	DBL Cefotaxime [PF]

▪ CEFOTAXIME

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

cefotaxime 2 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1769D DP	1	..	..	35.73	37.03	DBL Cefotaxime [PF]

▪ CEFOTAXIME

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical

practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Restricted benefit

Septicaemia, suspected

Restricted benefit

Septicaemia, proven

cefotaxime 2 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1759N NP	1	..	..	35.73	37.03	DBL Cefotaxime [PF]

cefotaxime 1 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1758M NP	1	..	..	34.13	35.43	DBL Cefotaxime [PF]

▪ CEFTRIAXONE

Restricted benefit

Gonorrhoea

ceftriaxone 500 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9058R NP	1	..	..	13.15	14.45	Ceftriaxone-AFT [AE]

▪ CEFTRIAXONE

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Restricted benefit

Septicaemia, suspected

Restricted benefit

Septicaemia, proven

ceftriaxone 500 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1783W NP	5	..	..	*17.43	18.73	Ceftriaxone-AFT [AE]

▪ CEFTRIAXONE

Note Pharmaceutical benefits that have the form ceftriaxone 1 g injection, 1 vial, pharmaceutical benefits that have the form ceftriaxone 1 g injection, 5 vials, and pharmaceutical benefits that have the form ceftriaxone 1 g injection, 10 vials are equivalent for the purposes of substitution.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Restricted benefit

Septicaemia, suspected

Restricted benefit

Septicaemia, proven

ceftriaxone 1 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1784X NP	5	..	..	*23.08	24.38	[a] Ceftriaxone-AFT [AE]

ceftriaxone 1 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12114N NP	0.5	..	..	*27.98	29.28	[a] Ceftriaxone Alphapharm [AF]

ceftriaxone 1 g injection, 5 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1788D NP	1	..	..	23.10	24.40	[a] Ceftriaxone Alphapharm [AF]

▪ CEFTRIAXONE

Note Pharmaceutical benefits that have the form ceftriaxone 2 g injection, 1 vial, pharmaceutical benefits that have the form ceftriaxone 2 g injection, 5 vials, and pharmaceutical benefits that have the form ceftriaxone 2 g injection, 10 vials are equivalent for the purposes of substitution.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Restricted benefit
Septicaemia, suspected

Restricted benefit
Septicaemia, proven

ceftriaxone 2 g injection, 5 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11169W NP	1	..	..	23.21	24.51	[a] Ceftriaxone Alphapharm [AF]

ceftriaxone 2 g injection, 10 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12112L NP	0.5	..	..	*28.11	29.41	[a] Ceftriaxone Alphapharm [AF]

ceftriaxone 2 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1785Y NP	5	..	..	*23.23	24.53	[a] Ceftriaxone-AFT [AE]

Fourth-generation cephalosporins

▪ CEFEPIME

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required
Febrile neutropenia

cefepime 2 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8316Q NP	10	..	..	*81.68	41.30	[a] Cefepime-AFT [AE] [a] Cefepime Kabi [PK]	[a] Cefepime Alphapharm [AF] [a] Omegapharm Pty Ltd [OE]

cefepime 1 g injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8315P NP	10	..	..	*52.18	41.30	[a] Cefepime-AFT [AE] [a] Cefepime Kabi [PK]	[a] Cefepime Alphapharm [AF] [a] Omegapharm Pty Ltd [OE]

SULFONAMIDES AND TRIMETHOPRIM

Trimethoprim and derivatives

▪ TRIMETHOPRIM

trimethoprim 300 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2922T NP	1	1	..	13.78	15.08	[a] Alprim [AF]	[a] Trimethoprim Mylan [AL]
			[B]3.98	17.76	15.08	[a] Triprim [RW]	

▪ TRIMETHOPRIM

Authority required (STREAMLINED)
4243
Prophylaxis of urinary tract infection

trimethoprim 300 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2666H	2	2	..	*15.48	16.78	[a] Alprim [AF]	[a] Trimethoprim Mylan [AL]
			[B]7.96	*23.44	16.78	[a] Triprim [RW]	

▪ TRIMETHOPRIM

Restricted benefit
Prostatitis

trimethoprim 300 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10785P	4	..	..	*18.90	20.20	[a] Alprim [AF]	[a] Trimethoprim Mylan [AL]
			[B]15.92	*34.82	20.20	[a] Triprim [RW]	

Combinations of sulfonamides and trimethoprim, incl. derivatives

▪ TRIMETHOPRIM + SULFAMETHOXAZOLE

Caution There is an increased risk of severe adverse reactions with this combination in the elderly.

trimethoprim 40 mg/5 mL + sulfamethoxazole 200 mg/5 mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3103H						
NP	‡1	1	..	20.38	21.68	Septrin [RW]

trimethoprim 40 mg/5 mL + sulfamethoxazole 200 mg/5 mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3391L						
DP	‡1	..	..	20.38	21.68	Septrin [RW]

trimethoprim 160 mg + sulfamethoxazole 800 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2951H						
NP	1	1	..	13.98	15.28	[a] Resprim Forte [AF]
			[B]4.16	18.14	15.28	[a] Septrin Forte [RW]

trimethoprim 160 mg + sulfamethoxazole 800 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3390K						
DP	1	..	..	13.98	15.28	[a] Resprim Forte [AF]
			[B]4.16	18.14	15.28	[a] Septrin Forte [RW]

▪ TRIMETHOPRIM + SULFAMETHOXAZOLE

Caution There is an increased risk of severe adverse reactions with this combination in the elderly.

Authority required (STREAMLINED)

6201

Prophylaxis of Pneumocystis jiroveci pneumonia

trimethoprim 160 mg + sulfamethoxazole 800 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10784N	3	2	..	*17.77	19.07	[a] Resprim Forte [AF]
			[B]12.48	*30.25	19.07	[a] Septrin Forte [RW]

MACROLIDES, LINCOSAMIDES AND STREPTOGRAMINS

Macrolides

▪ AZITHROMYCIN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Trachoma

azithromycin 500 mg tablet, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8336R							
NP	1	2	..	16.47	17.77	[a] APO-Azithromycin [TX] [a] Azithromycin Sandoz [SZ] [a] Zithromax [PF]	[a] Azithromycin Mylan [AF] [a] ZITHRO [RW]

azithromycin 200 mg/5 mL powder for oral liquid, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8201P						
NP	‡1	..	..	#27.73	29.40	Zithromax [PF]

▪ AZITHROMYCIN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Urethritis

Clinical criteria:

- The condition must be uncomplicated and due to Chlamydia trachomatis.

Restricted benefit

Cervicitis

Clinical criteria:

- The condition must be uncomplicated and due to Chlamydia trachomatis.

azithromycin 500 mg tablet, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8200N NP	1	..	..	16.47	17.77	[a] APO-Azithromycin [TX] [a] Azithromycin Sandoz [SZ] [a] Zithromax [PF]	[a] Azithromycin Mylan [AF] [a] ZITHRO [RW]

▪ CLARITHROMYCIN

clarithromycin 250 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8318T NP	1	1	..	15.24	16.54	[a] Clarithro 250 [RW] [a] Clarithromycin Sandoz [SZ] [a] NOUMED CLARITHROMYCIN [VO]	[a] Clarithromycin AN [EA] [a] Kalixocin [AF]
			[B]3.29	18.53	16.54	[a] Klacid [GO]	

▪ CLARITHROMYCIN

Restricted benefit

Bordetella pertussis

Restricted benefit

Atypical mycobacterial infections

clarithromycin 250 mg/5 mL powder for oral liquid, 50 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9192T NP	‡1	..	..	#31.40	33.07	Klacid [GO]

▪ ERYTHROMYCIN

erythromycin 250 mg enteric capsule, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1404X NP	1	1	..	22.26	23.56	[a] Eryc [YN]	[a] Mayne Pharma Erythromycin [YT]

erythromycin 250 mg enteric capsule, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3325B DP	1	..	..	22.26	23.56	[a] Eryc [YN]	[a] Mayne Pharma Erythromycin [YT]

▪ ERYTHROMYCIN

Authority required (STREAMLINED)

6160

Severe acne

Clinical criteria:

- The condition must be one in which tetracycline therapy is inappropriate.

erythromycin 250 mg enteric capsule, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10780J	2	5	..	*32.44	33.74	[a] Eryc [YN]	[a] Mayne Pharma Erythromycin [YT]

▪ ERYTHROMYCIN ETHYLSUCCINATE

erythromycin (as ethylsuccinate) 400 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2428T NP	‡1	1	..	#21.40	23.07	E-Mycin 400 [AF]

erythromycin (as ethylsuccinate) 400 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3337P DP	‡1	..	..	#21.40	23.07	E-Mycin 400 [AF]

erythromycin (as ethylsuccinate) 200 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2424N NP	‡1	1	..	#20.16	21.83	E-Mycin 200 [AF]

erythromycin (as ethylsuccinate) 200 mg/5 mL powder for oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3334L DP	‡1	..	..	#20.16	21.83	E-Mycin 200 [AF]

▪ ROXITHROMYCIN

roxithromycin 300 mg tablet, 5

5261X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	14.60	15.90	[a] APO-Roxithromycin [TX]	[a] APX-Roxithromycin [TY]
						[a] Biaxsig [AV]	[a] Roxar 300 [RW]
						[a] Roximycin [AF]	[a] Roxithromycin Sandoz [SZ]
			[B]2.26	16.86	15.90	[a] Rulide [SW]	

roxithromycin 150 mg tablet, 10

5260W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	14.60	15.90	[a] APO-Roxithromycin [TX]	[a] APX-Roxithromycin [TY]
						[a] Biaxsig [AV]	[a] Roxar 150 [RW]
						[a] Roximycin [AF]	[a] Roxithromycin Sandoz [SZ]
			[B]2.26	16.86	15.90	[a] Rulide [SW]	

roxithromycin 50 mg dispersible tablet, 10

5259T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP	1	..	..	17.73	19.03	Rulide D [SW]

▪ ROXITHROMYCIN

Authority required (STREAMLINED)

10404

Infection

Clinical criteria:

- Patient must have a condition requiring prolonged oral antibiotic therapy.

roxithromycin 300 mg tablet, 5

11993F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	..	..	*17.12	18.42	[a] APO-Roxithromycin [TX]	[a] APX-Roxithromycin [TY]
						[a] Biaxsig [AV]	[a] Roxar 300 [RW]
						[a] Roximycin [AF]	[a] Roxithromycin Sandoz [SZ]
			[B]4.52	*21.64	18.42	[a] Rulide [SW]	

roxithromycin 150 mg tablet, 10

12001P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	..	..	*17.12	18.42	[a] APO-Roxithromycin [TX]	[a] APX-Roxithromycin [TY]
						[a] Biaxsig [AV]	[a] Roxar 150 [RW]
						[a] Roximycin [AF]	[a] Roxithromycin Sandoz [SZ]
			[B]4.52	*21.64	18.42	[a] Rulide [SW]	

▪ ROXITHROMYCIN

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

roxithromycin 300 mg tablet, 5

8016X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	14.60	15.90	[a] APO-Roxithromycin [TX]	[a] APX-Roxithromycin [TY]
						[a] Biaxsig [AV]	[a] Roxar 300 [RW]
						[a] Roximycin [AF]	[a] Roxithromycin Sandoz [SZ]
			[B]2.26	16.86	15.90	[a] Rulide [SW]	

roxithromycin 150 mg tablet, 10

1760P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	14.60	15.90	[a] APO-Roxithromycin [TX]	[a] APX-Roxithromycin [TY]
						[a] Biaxsig [AV]	[a] Roxar 150 [RW]
						[a] Roximycin [AF]	[a] Roxithromycin Sandoz [SZ]
			[B]2.26	16.86	15.90	[a] Rulide [SW]	

roxithromycin 50 mg dispersible tablet, 10

8129W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	17.73	19.03	Rulide D [SW]

Lincosamides

▪ CLINDAMYCIN

Restricted benefit

Gram-positive coccal infections

Clinical criteria:

- The condition must not be able to be safely and effectively treated with a penicillin.

clindamycin 150 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5057E DP	1	..	..	18.95	20.25	[a] APO-Clindamycin [TX] [a] Clindamycin BNM [BZ] [a] Clindamyk [AF]	[a] Calindamin [RW] [a] Clindamycin LU [LV] [a] Dalacin C [PF]

▪ CLINDAMYCIN

Restricted benefit

Gram-positive coccal infections

Clinical criteria:

- The condition must not be able to be safely and effectively treated with a penicillin.

clindamycin 150 mg capsule, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3138E NP MW	2	1	..	*25.82	27.12	[a] APO-Clindamycin [TX] [a] Clindamycin BNM [BZ] [a] Clindamyk [AF]	[a] Calindamin [RW] [a] Clindamycin LU [LV] [a] Dalacin C [PF]

▪ LINCOMYCIN

Note Pharmaceutical benefits that have the form lincomycin 600 mg/2 mL injection, 5 x 2 mL vials and pharmaceutical benefits that have the form lincomycin 600 mg/2 mL injection, 5 x 2 mL ampoules are equivalent for the purposes of substitution.

lincomycin 600 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11366F DP	1	..	..	76.36	41.30	[a] LINCOMYCIN SXP [XN]

lincomycin 600 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11380Y NP MW	1	..	..	76.36	41.30	[a] LINCOMYCIN SXP [XN]

lincomycin 600 mg/2 mL injection, 5 x 2 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2530E NP MW	1	..	..	76.36	41.30	[a] Lincocin [PF]

lincomycin 600 mg/2 mL injection, 5 x 2 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5144R DP	1	..	..	76.36	41.30	[a] Lincocin [PF]

AMINOGLYCOSIDE ANTIBACTERIALS

Other aminoglycosides

▪ GENTAMICIN

gentamicin 80 mg/2 mL injection, 10 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2824P NP	1	1	..	23.60	24.90	Pfizer Australia Pty Ltd [PF]

▪ TOBRAMYCIN

Restricted benefit

Pseudomonas aeruginosa infection

Clinical criteria:

- Patient must have cystic fibrosis, **AND**
- The treatment must be systemic.

tobramycin 500 mg/5 mL injection, 10 x 5 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9480Y NP	1	1	..	192.44	41.30	Tobra-Day [FF]

▪ TOBRAMYCIN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

5520

Proven Pseudomonas aeruginosa infection

Clinical criteria:

- Patient must have cystic fibrosis, **AND**
- The treatment must be for management.

tobramycin 300 mg/5 mL inhalation solution, 56 x 5 mL ampoules

5442K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	798.51	41.30	[a] Tobi [GO] [a] Tobramycin WKT [LI]	[a] TOBRAMYCIN SUN [RA] [a] TOBRAMYCIN WOCKHARDT [WC]

▪ TOBRAMYCIN

Restricted benefit

Infection where positive bacteriological evidence confirms that this antibiotic is an appropriate therapeutic agent

Restricted benefit

Septicaemia, suspected

Restricted benefit

Septicaemia, proven

tobramycin Injection 80 mg (base) in 2 mL (without preservative), 5

8872Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*41.04	41.30	Pfizer Australia Pty Ltd [PF]

tobramycin 80 mg/2 mL injection, 5 x 2 mL vials

1356J

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	1	..	*38.52	39.82	[a] DBL Tobramycin [PF]	[a] Tobramycin Mylan [AF]

▪ TOBRAMYCIN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4456

Proven Pseudomonas aeruginosa infection

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have cystic fibrosis, **AND**
- Patient must have been assessed for bronchial hyperresponsiveness as per the TGA-approved Product Information, with a negative test result, **AND**
- Patient must be participating in a four week trial of tobramycin inhalation powder and will be assessed for ability to tolerate the dry powder formulation in order to qualify for continued PBS-subsidised therapy. The trial commencement date must be documented in the patient's medical records.

Population criteria:

- Patient must be 6 years of age or older.

tobramycin 28 mg powder for inhalation, 224 capsules

10066T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	2444.07	41.30	TOBI podhaler [GO]

▪ TOBRAMYCIN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

4513

Proven Pseudomonas aeruginosa infection

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have cystic fibrosis, **AND**
- Patient must have previously been issued with an authority prescription for tobramycin inhalation capsules, **AND**
- Patient must have demonstrated ability to tolerate the dry powder formulation following the initial 4-week treatment period, as agreed by the patient, the patient's family (in the case of paediatric patients) and the treating physician(s).

Population criteria:

- Patient must be 6 years of age or older.

tobramycin 28 mg powder for inhalation, 224 capsules

10074F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	2444.07	41.30	TOBI podhaler [GO]

QUINOLONE ANTIBACTERIALS

Fluoroquinolones

▪ CIPROFLOXACIN

Authority required

Respiratory tract infection

Clinical criteria:

- The condition must be proven or suspected to be caused by Pseudomonas aeruginosa, **AND**
- Patient must be severely immunocompromised.

Authority required

Bacterial gastroenteritis

Clinical criteria:

- Patient must be severely immunocompromised.

Authority required

Infection

Clinical criteria:

- The condition must be proven to be due to Pseudomonas aeruginosa resistant to all other oral antimicrobials; OR
- The condition must be proven to be due to other gram-negative bacteria resistant to all other oral antimicrobials.

Authority required

Bone or joint infection

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required

Epididymo-orchitis

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required

Prostatitis

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required

Perichondritis of the pinna

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

ciprofloxacin 500 mg tablet, 14

1209P

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	18.34	19.64	[a] APO-Ciprofloxacin [TX] [a] C-Flox 500 [AL] [a] Ciprofloxacin GH [HQ] [a] Ciprol 500 [RW]	[a] APX-Ciprofloxacin [TY] [a] Cifran [RA] [a] Ciprofloxacin Sandoz [SZ] [a] NOUMED CIPROFLOXACIN [VO]

ciprofloxacin 750 mg tablet, 14

1210Q

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	21.51	22.81	[a] APO-Ciprofloxacin [TX] [a] C-Flox 750 [AL] [a] Ciprol 750 [RW]	[a] APX-Ciprofloxacin [TY] [a] Ciprofloxacin Sandoz [SZ] [a] NOUMED CIPROFLOXACIN [VO]

▪ CIPROFLOXACIN

Authority required

Respiratory tract infection

Clinical criteria:

- The condition must be proven or suspected to be caused by Pseudomonas aeruginosa, **AND**
- Patient must be severely immunocompromised.

Authority required

Bacterial gastroenteritis

Clinical criteria:

- Patient must be severely immunocompromised.

Authority required

Infection

Clinical criteria:

- The condition must be proven to be due to Pseudomonas aeruginosa resistant to all other oral antimicrobials; OR
- The condition must be proven to be due to other gram-negative bacteria resistant to all other oral antimicrobials.

Authority required

Bone or joint infection

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required

Epididymo-orchitis

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required

Prostatitis

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required

Perichondritis of the pinna

Clinical criteria:

- The condition must be suspected or proven to be caused by gram-negative bacteria resistant to all other appropriate antimicrobials; OR
- The condition must be suspected or proven to be caused by gram-positive bacteria resistant to all other appropriate antimicrobials.

Authority required

Gonorrhoea

ciprofloxacin 250 mg tablet, 14

1208N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	15.47	16.77	[a] APO-Ciprofloxacin [TX] [a] C-Flox 250 [AL] [a] Ciprol 250 [RW]	[a] APX-Ciprofloxacin [TY] [a] Ciprofloxacin Sandoz [SZ]

▪ NORFLOXACIN

Authority required

Acute bacterial enterocolitis

Authority required

Complicated urinary tract infection

norfloxacin 400 mg tablet, 14

3010K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	15.82	17.12	[a] APO-Norfloxacin [TX] [a] Nufloxib [AF]	[a] GenRx Norfloxacin [GX] [a] Roxin [RW]

OTHER ANTIBACTERIALS

Glycopeptide antibacterials

▪ VANCOMYCIN

Restricted benefit

Endocarditis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be hypersensitive to penicillin.

vancomycin 1 g injection, 1 vial

2269K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	20.14	21.44	Vancomycin Alphapharm [AF]

vancomycin 500 mg injection, 1 vial

3130R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*22.16	23.46	Vancomycin Alphapharm [AF]

▪ VANCOMYCIN

Restricted benefit

Endocarditis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be hypersensitive to penicillin.

vancomycin 1 g injection, 1 vial

5083M

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	20.14	21.44	Vancomycin Alphapharm [AF]

vancomycin 500 mg injection, 1 vial

3323X

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*22.16	23.46	Vancomycin Alphapharm [AF]

▪ VANCOMYCIN

Restricted benefit

Endophthalmitis

Restricted benefit

Infection

Clinical criteria:

- The treatment must be initiated in a hospital, **AND**
- The condition must be one in which vancomycin is an appropriate antibiotic.

vancomycin 1 g injection, 1 vial

2270L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*36.25	37.55	Vancomycin Alphapharm [AF]

vancomycin 500 mg injection, 1 vial

3131T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*37.28	38.58	Vancomycin Alphapharm [AF]

Steroid antibacterials

▪ FUSIDATE

Restricted benefit

Serious staphylococcal infections

Clinical criteria:

- The treatment must be used in combination with another antibiotic, **AND**
- The condition must be proven to be due to a staphylococcus.

sodium fusidate 250 mg tablet, 36

2312Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	85.03	41.30	Fucidin [LO]

▪ FUSIDATE

Authority required (STREAMLINED)

6133

Osteomyelitis

Clinical criteria:

- The condition must be methicillin-resistant staphylococcal aureus (MRSA), **AND**
- The treatment must be used in combination with other anti-staphylococcal antibiotics.

sodium fusidate 250 mg tablet, 36

10782L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*160.28	41.30	Fucidin [LO]

Imidazole derivatives

▪ METRONIDAZOLE

metronidazole 200 mg tablet, 21

1636D

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	13.67	14.97	[a] Metrogyl 200 [AF]	[a] Metronide 200 [AV]
		[B]1.86	15.53	14.97	[a] Flagyl [SW]	

metronidazole 200 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3339R DP	1	..	..	13.67	14.97	[a] Metrogyl 200 [AF]	[a] Metronide 200 [AV]
			[B]1.86	15.53	14.97	[a] Flagyl [SW]	

metronidazole 200 mg/5 mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1630T NP	‡1	..	..	22.86	24.16	Flagyl S [SW]

metronidazole 200 mg/5 mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3341W DP	‡1	..	..	22.86	24.16	Flagyl S [SW]

metronidazole 500 mg suppository, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1642K NP	‡1	..	..	26.64	27.94	Flagyl [SW]

metronidazole 500 mg suppository, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5157K DP	‡1	..	..	26.64	27.94	Flagyl [SW]

▪ METRONIDAZOLE

Restricted benefit
Anaerobic infections

metronidazole 400 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1621H NP	1	1	..	15.26	16.56	[a] Metrogyl 400 [AF]	[a] Metronide 400 [AV]
			[B]1.86	17.12	16.56	[a] Flagyl [SW]	

▪ METRONIDAZOLE

Restricted benefit
Anaerobic infections

metronidazole 400 mg tablet, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5155H DP	1	..	..	15.26	16.56	[a] Metrogyl 400 [AF]	[a] Metronide 400 [AV]
			[B]1.86	17.12	16.56	[a] Flagyl [SW]	

Nitrofuran derivatives

▪ NITROFURANTOIN

Caution Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.

nitrofurantoin 100 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1693D NP MW	1	1	..	27.85	29.15	[a] APO-Nitrofurantoin [TX]	[a] Macrodantin [PF]

▪ NITROFURANTOIN

Caution Nitrofurantoin may cause peripheral neuritis and severe pulmonary reactions.

Note Pharmaceutical benefits that have the form nitrofurantoin 50 mg capsule in a pack size of 100 can be substituted for a pack size of 30 in the case of a shortage.

nitrofurantoin 50 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12671X NP MW	0.3	1	..	*33.83	35.13	[a] Nitrofurantoin Capsules, USP, (Macrocrystals) [DZ]

nitrofurantoin 50 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1692C NP MW	1	1	..	23.33	24.63	[a] APO-Nitrofurantoin [TX]	[a] Macrodantin [PF]

Other antibacterials

▪ METHENAMINE HIPPURATE

methenamine hippurate 1 g tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3124K NP	1	5	..	33.26	34.56	[a] Hiprex [IL]	[a] Uramet [AS]

ANTIMYCOTICS FOR SYSTEMIC USE

ANTIMYCOTICS FOR SYSTEMIC USE

Triazole derivatives

FLUCONAZOLE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
6002
Cryptococcal meningitis
Authority required (STREAMLINED)
5978
Cryptococcal meningitis
Clinical criteria:
- The treatment must be maintenance therapy, **AND**
- Patient must be immunosuppressed.

Authority required (STREAMLINED)
6023
Oropharyngeal candidiasis
Clinical criteria:
- Patient must be immunosuppressed.

Authority required (STREAMLINED)
5989
Oesophageal candidiasis
Clinical criteria:
- Patient must be immunosuppressed.

Authority required (STREAMLINED)
6030
Oropharyngeal candidiasis
Clinical criteria:
- The treatment must be for prophylaxis, **AND**
- Patient must be immunosuppressed.

Authority required (STREAMLINED)
7898
Fungal infection
Clinical criteria:
- The condition must be serious or life-threatening.

fluconazole 400 mg/200 mL injection, 200 mL bag

1757L
NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	16.43	17.73	Fluconazole Alphapharm [AF]

FLUCONAZOLE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
6956
Cryptococcal meningitis
Authority required (STREAMLINED)
6978
Cryptococcal meningitis
Clinical criteria:
- The treatment must be maintenance therapy, **AND**
- Patient must be immunosuppressed.

Authority required (STREAMLINED)
6974
Oropharyngeal candidiasis
Clinical criteria:
- Patient must be immunosuppressed.

Authority required (STREAMLINED)
6969
Oesophageal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Authority required (STREAMLINED)

6965

Oropharyngeal candidiasis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be immunosuppressed.

Authority required (STREAMLINED)

7897

Fungal infection

Clinical criteria:

- The condition must be serious or life-threatening.

fluconazole 200 mg/100 mL injection, 100 mL bag

11139G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
7	..	..	*47.33	41.30	Fluconazole Alphapharm [AF]

NP

▪ FLUCONAZOLE

Note Not for use in vulvovaginal candida infections.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6002

Cryptococcal meningitis

Authority required (STREAMLINED)

5978

Cryptococcal meningitis

Clinical criteria:

- The treatment must be maintenance therapy, **AND**
- Patient must be immunosuppressed.

Authority required (STREAMLINED)

6023

Oropharyngeal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Authority required (STREAMLINED)

5989

Oesophageal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Authority required (STREAMLINED)

6030

Oropharyngeal candidiasis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be immunosuppressed.

Authority required (STREAMLINED)

7898

Fungal infection

Clinical criteria:

- The condition must be serious or life-threatening.

fluconazole 100 mg capsule, 28

1472L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	32.80	34.10	[a] Diflucan [PF] [a] Fluconazole Sandoz [SZ]	[a] Dizole 100 [AF] [a] Ozole [RA]

NP

fluconazole 50 mg capsule, 28

1471K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.72	24.02	[a] Dizole 50 [AF] [a] Ozole [RA]	[a] Fluconazole Sandoz [SZ]
		[B]6.00	28.72	24.02	[a] Diflucan [PF]	

NP

fluconazole 200 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1475P NP	1	5	..	52.45	41.30	[a] APO-Fluconazole [TX] [a] Dizole 200 [AF] [a] Fluconazole Sandoz [SZ] [a] Ozole [RA]	[a] Diflucan [PF] [a] Fluconazole APOTEX [GX] [a] Fluzole 200 [RW]

▪ FLUCONAZOLE

Note Not for use in vulvovaginal candida infections.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6006

Cryptococcal meningitis

Clinical criteria:

- Patient must be unable to take a solid dose form of fluconazole.

Authority required (STREAMLINED)

6045

Cryptococcal meningitis

Clinical criteria:

- The treatment must be maintenance therapy, **AND**
- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Authority required (STREAMLINED)

6031

Oropharyngeal candidiasis

Clinical criteria:

- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Authority required (STREAMLINED)

6046

Oesophageal candidiasis

Clinical criteria:

- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Authority required (STREAMLINED)

6032

Oropharyngeal candidiasis

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must be immunosuppressed, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

Authority required (STREAMLINED)

7934

Fungal infection

Clinical criteria:

- The condition must be serious or life-threatening, **AND**
- Patient must be unable to take a solid dose form of fluconazole.

fluconazole 50 mg/5 mL powder for oral liquid, 35 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5446P NP	1	..	..	#68.83	41.30	Diflucan [PF]

▪ ITRACONAZOLE

Note Not for use in vulvovaginal candida infections.

Note One capsule of itraconazole 50 mg (Lozanoc) is therapeutically equivalent to one 100 mg capsule of conventional itraconazole (Sporanox). The recommended dose of Lozanoc is therefore half the recommended dose for Sporanox. Lozanoc 50 mg capsules and Sporanox 100 mg capsules are not interchangeable.

Note Not for use in superficial mycoses

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6022

Systemic aspergillosis

Authority required (STREAMLINED)

6005

Systemic sporotrichosis

Authority required (STREAMLINED)

6057

Systemic histoplasmosis

Authority required (STREAMLINED)

5988

Disseminated pulmonary histoplasmosis infection

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be diagnosed with acquired immunodeficiency syndrome (AIDS).

Authority required (STREAMLINED)

6037

Chronic pulmonary histoplasmosis infection

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be diagnosed with acquired immunodeficiency syndrome (AIDS).

Authority required (STREAMLINED)

6016

Oropharyngeal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

Authority required (STREAMLINED)

6035

Oesophageal candidiasis

Clinical criteria:

- Patient must be immunosuppressed.

itraconazole 50 mg capsule, 60

10732W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	116.84	41.30	Lozanoc [YN]

itraconazole 100 mg capsule, 60

8196J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	116.84	41.30	[a] APO-Itraconazole [TX] [a] ITRANOX [RW]	[a] Itracap [AF] [a] Sporanox [JC]

▪ POSACONAZOLE

Note Application for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Invasive aspergillosis

Clinical criteria:

- Patient must be unable to tolerate alternative therapy; OR
- Patient must have disease refractory to alternative therapy.

Authority required

Prophylaxis of invasive fungal infections including both yeasts and moulds

Clinical criteria:

- Patient must be considered at high risk of developing an invasive fungal infection due to anticipated neutropenia (an absolute neutrophil count less than 500 cells per cubic millimetre), for at least 10 days whilst receiving chemotherapy for acute myeloid leukaemia or myelodysplastic syndrome; OR
- Patient must be considered at high risk of developing an invasive fungal infection due to having acute graft versus host disease (GVHD) grade II, III or IV, or extensive chronic GVHD, and receiving intensive immunosuppressive therapy after allogeneic haematopoietic stem cell transplant.

Treatment of neutropenia should continue until recovery of the neutrophil count to at least 500 cells per cubic millimetre.

Patients who have had a previous invasive fungal infection should have secondary prophylaxis during subsequent episodes of neutropenia.

No more than 6 months therapy per episode will be PBS-subsidised

Authority required

Fungal infection

Clinical criteria:

- The condition must be fusariosis; OR

- The condition must be zygomycosis; OR
- The condition must be coccidioidomycosis; OR
- The condition must be chromoblastomycosis; OR
- The condition must be mycetoma, **AND**
- Patient must be unable to tolerate alternative therapy; OR
- Patient must have disease refractory to alternative therapy.

posaconazole 100 mg modified release tablet, 24

10460M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	467.57	41.30	[a] Pharmacor Posaconazole [CR] [a] POSACONAZOLE DR.REDDY'S [RZ] [a] Posaconazole Sandoz [SZ]	[a] Posaconazole ARX [XT] [a] Posaconazole Juno [JU]

▪ VORICONAZOLE

Note For patients with graft versus host disease, acute myeloid leukaemia or myelodysplastic syndrome, applications for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.

Note For patients undergoing allogeneic haematopoietic stem cell transplant, applications for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 2 months' treatment may be authorised.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Prophylaxis of invasive fungal infections including both yeasts and moulds

Clinical criteria:

- Patient must be considered at high risk of developing an invasive fungal infection due to anticipated neutropenia (an absolute neutrophil count less than 500 cells per cubic millimetre) for at least 10 days whilst receiving chemotherapy for acute myeloid leukaemia or myelodysplastic syndrome; OR
- Patient must be considered at high risk of developing an invasive fungal infection due to having acute graft versus host disease (GVHD) grade II, III or IV, or, extensive chronic GVHD, whilst receiving intensive immunosuppressive therapy after allogeneic haematopoietic stem cell transplant; OR
- Patient must be undergoing allogeneic haematopoietic stem cell transplant using either bone marrow from an unrelated donor or umbilical cord blood (related or unrelated), and, be considered to be at high risk of developing an invasive fungal infection during the neutropenic phase prior to engraftment.

voriconazole 200 mg tablet, 56

10198R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	827.00	41.30	[a] Vfend [PF] [a] Voriconazole APOTEX [TX] [a] Vttack [AF]	[a] Voriconazole APO [GX] [a] Voriconazole Sandoz [SZ] [a] Vzole [RW]

voriconazole 50 mg tablet, 56

10173K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	212.20	41.30	[a] Vfend [PF] [a] Voriconazole APOTEX [TX] [a] Vttack [AF]	[a] Voriconazole APO [GX] [a] Voriconazole Sandoz [SZ] [a] Vzole [RW]

voriconazole 40 mg/mL powder for oral liquid, 70 mL

10168E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	#506.06	41.30	Vfend [PF]

▪ VORICONAZOLE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Definite or probable invasive aspergillosis

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be immunocompromised.

Authority required

Serious fungal infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by Scedosporium species; OR
- The condition must caused by Fusarium species.

Authority required

Serious Candida infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by species not susceptible to fluconazole; OR
- The condition must be resistant to fluconazole; OR
- Patient must be unable to tolerate fluconazole.

Authority required

Serious invasive mycosis infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The treatment must be for invasive mycosis infections other than definite or probable invasive aspergillosis.

voriconazole 200 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9364W NP	1	2	..	827.00	41.30	[a] Vfend [PF] [a] Voriconazole APOTEX [TX] [a] Vttack [AF]	[a] Voriconazole APO [GX] [a] Voriconazole Sandoz [SZ] [a] Vzole [RW]

voriconazole 50 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9363T NP	1	2	..	212.20	41.30	[a] Vfend [PF] [a] Voriconazole APOTEX [TX] [a] Vttack [AF]	[a] Voriconazole APO [GX] [a] Voriconazole Sandoz [SZ] [a] Vzole [RW]

▪ VORICONAZOLE

Note Application for an increased maximum quantity to allow for up to 1 month's treatment and repeats sufficient for up to 6 months' treatment may be authorised.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Definite or probable invasive aspergillosis

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- Patient must be immunocompromised.

Authority required

Serious fungal infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by Scedosporium species; OR
- The condition must caused by Fusarium species.

Authority required

Serious Candida infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The condition must be caused by species not susceptible to fluconazole; OR
- The condition must be resistant to fluconazole; OR
- Patient must be unable to tolerate fluconazole.

Authority required

Serious invasive mycosis infections

Treatment Phase: Treatment and maintenance therapy

Clinical criteria:

- The treatment must be for invasive mycosis infections other than definite or probable invasive aspergillosis.

voriconazole 40 mg/mL powder for oral liquid, 70 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9452L NP	1	..	..	#506.06	41.30	Vfend [PF]

▪ ANTIMYCOBACTERIALS

DRUGS FOR TREATMENT OF TUBERCULOSIS

Antibiotics

▪ RIFAMPICIN

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Mycobacterium ulcerans infection (Buruli ulcer)

Clinical criteria:

- The treatment must be used in combination with another antibiotic for the treatment of Buruli ulcer.

rifampicin 300 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12215X NP	1	..	..	116.58	41.30	Rimycin 300 [AF]

rifampicin 300 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12189M NP	12	..	..	*138.46	41.30	Rimycin 300 [AF]

rifampicin 150 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12200D NP	12	..	..	*295.06	41.30	Rimycin 150 [AF]

rifampicin 150 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12190N NP	1	..	..	247.10	41.30	Rimycin 150 [AF]

Hydrazides

▪ ISONIAZID

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

isoniazid 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1554T NP	1	2	..	22.71	24.01	Arrow Pharma Pty Ltd [RW]

DRUGS FOR TREATMENT OF LEPRA

Drugs for treatment of lepra

▪ DAPSONE

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

dapsone 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8801F NP	1	1	..	253.23	41.30	Link Medical Products Pty Ltd [LM]

dapsone 100 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1272Y NP	1	1	..	309.13	41.30	Link Medical Products Pty Ltd [LM]

▪ RIFAMPICIN

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Leprosy

Population criteria:

- Patient must be an adult.

rifampicin 300 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1983J NP	1	..	..	116.58	41.30	Rimycin 300 [AF]

rifampicin 150 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1982H NP	1	..	..	247.10	41.30	Rimycin 150 [AF]

▪ RIFAMPICIN

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Meningococcal disease
Clinical criteria:
- The treatment must be for prophylaxis, **AND**
- Patient must be a carrier of the disease; OR
- Patient must be in close contact with people who have the disease.

Restricted benefit
Haemophilus influenzae type B
Clinical criteria:
- The treatment must be for prophylaxis, **AND**
- Patient must be in contact with people who have the disease.

rifampicin 100 mg/5 mL oral liquid, 60 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8025J NP	‡1	..	..	28.97	30.27	Rifadin [SW]

rifampicin 300 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1984K NP	1	..	..	22.51	23.81	Rimycin 300 [AF]

rifampicin 150 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1981G NP	1	..	..	34.94	36.24	Rimycin 150 [AF]

▪ ANTIVIRALS FOR SYSTEMIC USE

DIRECT ACTING ANTIVIRALS

Nucleosides and nucleotides excl. reverse transcriptase inhibitors

▪ ACICLOVIR

Note Aciclovir 200 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.

Authority required (STREAMLINED)
5942
Recurrent moderate to severe genital herpes
Treatment Phase: Episodic treatment or suppressive therapy
Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

aciclovir 200 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1007B NP	1	5	..	36.62	37.92	[a] Aciclovir APOTEX [TY] [a] Aciclovir Sandoz [HX] [a] GenRx Aciclovir [GX]	[a] Aciclovir GH [GQ] [a] APO-Aciclovir [TX]

▪ ACICLOVIR

Note This drug is only effective if commenced within 72 hours of onset of rash.
Note Aciclovir 800 mg is not PBS-subsidised for herpes simplex or chickenpox.
Note No applications for repeats will be authorised.

Authority required (STREAMLINED)
5967
Herpes zoster
Clinical criteria:
- The treatment must be administered within 72 hours of the onset of the rash.

Authority required (STREAMLINED)
5959
Herpes zoster ophthalmicus

aciclovir 800 mg tablet, 35

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1052J NP	1	..	..	41.78	41.30	[a] Aciclovir APOTEX [TY] [a] APO-Aciclovir [TX]	[a] Aciclovir Sandoz [HX] [a] GenRx Aciclovir [GX]

▪ ACICLOVIR

Note Aciclovir 200 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note For item codes 1003T and 1555W, pharmaceutical benefits that have the form tablet 200 mg are equivalent for the purposes of substitution.

Authority required (STREAMLINED)
5936
Initial moderate to severe genital herpes
Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

aciclovir 200 mg tablet, 25

1003T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*25.72	27.02	[a] Aciclovir Sandoz [HX]

aciclovir 200 mg tablet, 50

1555W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	25.71	27.01	[a] Aciclovir APOTEX [TY] [a] GenRx Aciclovir [GX]	[a] APO-Aciclovir [TX]

▪ FAMCICLOVIR

Note Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Authority required (STREAMLINED)
5937
Recurrent moderate to severe genital herpes
Treatment Phase: Episodic treatment
Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

famciclovir 250 mg tablet, 20

2274Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	33.81	35.11	[a] APO-Famciclovir [TX] [a] Famciclovir-GA [ED] [a] Favic 250 [RW]	[a] Ezovir [AF] [a] Famvir [IX]

▪ FAMCICLOVIR

Note Famciclovir 125 mg is not PBS-subsidised for chickenpox, herpes zoster or herpes simplex infections other than genital herpes.

Authority required (STREAMLINED)
5937
Recurrent moderate to severe genital herpes
Treatment Phase: Episodic treatment
Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

famciclovir 125 mg tablet, 40

8092X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	33.81	35.11	[a] APO-Famciclovir [TX] [a] Famciclovir-GA [ED] [a] Favic 125 [RW]	[a] Ezovir [AF] [a] Famvir [IX]

▪ FAMCICLOVIR

Note Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Authority required (STREAMLINED)
5971
Recurrent moderate to severe genital herpes
Treatment Phase: Suppressive therapy
Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

famciclovir 250 mg tablet, 56

8217L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	72.93	41.30	[a] APO-Famciclovir [TX] [a] Famciclovir generichealth 250 [GQ] [a] Favic 250 [RW]	[a] Ezovir [AF] [a] Famvir [IX]

▪ FAMCICLOVIR

Note This drug is only effective if commenced within 72 hours of onset of rash.
Note Famciclovir 250 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.
Note No applications for repeats will be authorised.

Authority required (STREAMLINED)

5951

Herpes zoster

Clinical criteria:

- The treatment must be administered within 72 hours of the onset of the rash.

famciclovir 250 mg tablet, 21

8002E

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	34.90	36.20	[a] APO-Famciclovir [TX]	[a] Ezovir [AF]
					[a] Famciclovir-GA [ED]	[a] Famciclovir generichealth 250 [GQ]
					[a] Famvir [IX]	[a] Favic 250 [RW]

▪ FAMCICLOVIR

Note This drug is only effective if commenced within 72 hours of onset of rash.

Note Famciclovir 500 mg is not PBS-subsidised for chickenpox.

Note Famciclovir 500 mg is not PBS-subsidised for herpes zoster, genital herpes or other herpes simplex infections in immunocompetent patients.

Note No applications for repeats will be authorised.

Authority required (STREAMLINED)

5943

Herpes zoster

Clinical criteria:

- Patient must be immunocompromised, **AND**
- The treatment must be administered within 72 hours of the onset of the rash.

famciclovir 500 mg tablet, 30

8897G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	44.68	41.30	[a] APO-Famciclovir [TX]	[a] Famvir [IX]
					[a] Favic 500 [RW]	

▪ FAMCICLOVIR

Note Famciclovir 500 mg is not PBS-subsidised for chickenpox.

Note Famciclovir 500 mg is not PBS-subsidised for herpes zoster, genital herpes or other herpes simplex infections in immunocompetent patients.

Authority required (STREAMLINED)

5954

Recurrent moderate to severe genital herpes

Treatment Phase: Episodic treatment or suppressive therapy

Clinical criteria:

- Patient must be immunocompromised.

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Authority required (STREAMLINED)

5947

Recurrent moderate to severe oral or labial herpes

Treatment Phase: Episodic treatment

Clinical criteria:

- Patient must have HIV infection, **AND**
- Patient must have a CD4 cell count of less than 500 million per litre.

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Authority required (STREAMLINED)

5948

Recurrent moderate to severe oral or labial herpes

Treatment Phase: Suppressive therapy

Clinical criteria:

- Patient must have HIV infection, **AND**
- Patient must have CD4 cell counts of less than 150 million per litre.

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

Authority required (STREAMLINED)

5949

Recurrent moderate to severe oral or labial herpes

Treatment Phase: Suppressive therapy

Clinical criteria:

- Patient must have HIV infection, **AND**
- Patient must present with other opportunistic infections or AIDS defining tumours.

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

famciclovir 500 mg tablet, 56

8896F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	72.94	41.30	[a] APO-Famciclovir [TX]	[a] Ezovir [AF]
					[a] Famciclovir-GA [ED]	[a] Famciclovir generichealth 500 [GQ]
					[a] Famvir [IX]	[a] Favic 500 [RW]

▪ VALACICLOVIR

Note Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Authority required (STREAMLINED)

5940

Recurrent moderate to severe genital herpes

Treatment Phase: Suppressive therapy

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

valaciclovir 500 mg tablet, 30

5480K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	26.34	27.64	[a] APO-Valaciclovir [TX]	[a] APX-Valaciclovir [TY]
					[a] Shilova 500 [ZS]	[a] Vaclovir [AF]
					[a] Valaciclovir APOTEX [GX]	[a] Valaciclovir generichealth [GQ]
					[a] Valaciclovir RBX [RA]	[a] Valaciclovir Sandoz [SZ]
					[a] Valaciclovir SZ [HX]	[a] Valacor 500 [CR]
					[a] Zelitrex [RF]	
		[B]2.69	29.03	27.64	[a] Valtrex [RW]	

▪ VALACICLOVIR

Note Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.

Authority required (STREAMLINED)

5961

Recurrent moderate to severe genital herpes

Treatment Phase: Episodic treatment

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

valaciclovir 500 mg tablet, 30

8134D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	26.34	27.64	[a] APO-Valaciclovir [TX]	[a] APX-Valaciclovir [TY]
					[a] Shilova 500 [ZS]	[a] Vaclovir [AF]
					[a] Valaciclovir APOTEX [GX]	[a] Valaciclovir generichealth [GQ]
					[a] Valaciclovir RBX [RA]	[a] Valaciclovir Sandoz [SZ]
					[a] Valaciclovir SZ [HX]	[a] Valacor 500 [CR]
					[a] Zelitrex [RF]	
		[B]2.69	29.03	27.64	[a] Valtrex [RW]	

▪ VALACICLOVIR

Note Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

5960

Initial moderate to severe genital herpes

Microbiological confirmation of diagnosis [viral culture, antigen detection or nucleic acid amplification by polymerase chain reaction (PCR)] is desirable but need not delay treatment.

valaciclovir 500 mg tablet, 10

8133C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*21.58	22.88	[a] APO-Valaciclovir [TX]	[a] APX-Valaciclovir [TY]
					[a] Vaclovir [AF]	[a] Valaciclovir APOTEX [GX]
					[a] Valaciclovir Sandoz [SZ]	[a] Zelitrex [RF]
		[B]5.96	*27.54	22.88	[a] Valtrex [RW]	

▪ VALACICLOVIR

Note This drug is only effective if commenced within 72 hours of onset of rash.
Note Valaciclovir 500 mg is not PBS-subsidised for chickenpox or herpes simplex infections other than genital herpes.
Note No applications for repeats will be authorised.

Authority required (STREAMLINED)

5962
Herpes zoster
Clinical criteria:
- The treatment must be administered within 72 hours of the onset of the rash.

Authority required (STREAMLINED)
5968
Herpes zoster ophthalmicus

valaciclovir 500 mg tablet, 42

8064K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	32.04	33.34	[a] APO-Valaciclovir [TX]	[a] APX-Valaciclovir [TY]
					[a] Vaclovir [AF]	[a] Valaciclovir APOTEX [GX]
					[a] Valaciclovir generichealth [GQ]	[a] Valaciclovir RBX [RA]
					[a] Valaciclovir Sandoz [SZ]	[a] Valacor 500 [CR]
					[a] Zelitrex [RF]	
		[B]2.68	34.72	33.34	[a] Valtrex [RW]	

Antivirals for treatment of HCV infections

▪ GLECAPREVIR + PIBRENTASVIR

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required
Chronic hepatitis C infection
Clinical criteria:
- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 16 weeks.

The application must include details of the prior treatment regimen containing an NS5A inhibitor.

glecaprevir 100 mg + pibrentasvir 40 mg tablet, 84

11344C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	18827.89	41.30	Maviret [VE]

▪ GLECAPREVIR + PIBRENTASVIR

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required
Chronic hepatitis C infection
Clinical criteria:
- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 8 weeks.

glecaprevir 100 mg + pibrentasvir 40 mg tablet, 84

11353M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	18827.89	41.30	Maviret [VE]

▪ GLECAPREVIR + PIBRENTASVIR

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required
Chronic hepatitis C infection
Clinical criteria:
- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

glecaprevir 100 mg + pibrentasvir 40 mg tablet, 84

11354N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	18827.89	41.30	Maviret [VE]

▪ LEDIPASVIR + SOFOSBUVIR

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required
Chronic hepatitis C infection
Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

ledipasvir 90 mg + sofosbuvir 400 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10628J NP	1	2	..	12036.22	41.30	Harvoni [GI]

▪ LEDIPASVIR + SOFOSBUVIR

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required
Chronic hepatitis C infection
Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 8 weeks.

ledipasvir 90 mg + sofosbuvir 400 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10668L NP	1	1	..	12036.22	41.30	Harvoni [GI]

▪ LEDIPASVIR + SOFOSBUVIR

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required
Chronic hepatitis C infection
Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 24 weeks.

ledipasvir 90 mg + sofosbuvir 400 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10670N NP	1	5	..	12036.22	41.30	Harvoni [GI]

▪ RIBAVIRIN

Caution Ribavirin is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 6 months period after cessation of treatment.
Note No increase in the maximum number of repeats may be authorised.

Authority required
Chronic hepatitis C infection
Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

Population criteria:

- Patient must not be pregnant or breastfeeding. Female partners of male patients must not be pregnant. Patients and their partners must each be using an effective form of contraception if of child-bearing age.

ribavirin 600 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10665H NP	1	2	..	457.53	41.30	Ibavyr [IX]

ribavirin 400 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10647J NP	1	2	..	307.38	41.30	Ibavyr [IX]

▪ RIBAVIRIN

Caution Ribavirin is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 6 months period after cessation of treatment.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Chronic hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 24 weeks.

Population criteria:

- Patient must not be pregnant or breastfeeding. Female partners of male patients must not be pregnant. Patients and their partners must each be using an effective form of contraception if of child-bearing age.

ribavirin 600 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10666J NP	1	5	..	457.53	41.30	Ibavyr [IX]

ribavirin 400 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10673R NP	1	5	..	307.38	41.30	Ibavyr [IX]

▪ RIBAVIRIN

Caution Ribavirin is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 6 months period after cessation of treatment.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Chronic hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

Population criteria:

- Patient must not be pregnant or breastfeeding. Female partners of male patients must not be pregnant. Patients and their partners must each be using an effective form of contraception if of child-bearing age.

ribavirin 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12785X NP	2	2	..	*1061.42	41.30	Ibavyr [IX]

▪ SOFOSBUVIR + VELPATASVIR

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

sofosbuvir 400 mg + velpatasvir 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11147Q NP	1	2	..	12661.22	41.30	Epclusa [GI]

▪ SOFOSBUVIR + VELPATASVIR + VOXILAPREVIR

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required

Chronic hepatitis C infection

Clinical criteria:

- Patient must meet the criteria set out in the General Statement for Drugs for the Treatment of Hepatitis C, **AND**
- Patient must be taking this drug as part of a regimen set out in the matrix in the General Statement for Drugs for the Treatment of Hepatitis C, based on the hepatitis C virus genotype, patient treatment history and cirrhotic status, **AND**
- The treatment must be limited to a maximum duration of 12 weeks.

The application must include details of the prior treatment regimen containing an NS5A inhibitor.

sofosbuvir 400 mg + velpatasvir 100 mg + voxilaprevir 100 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11658N NP	1	2	..	12661.22	41.30	Vosevi [GI]

Antivirals for treatment of HIV infections, combinations

▪ TENOFOVIR DISOPROXIL + EMTRICITABINE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Pharmaceutical benefits that have the forms tenofovir disoproxil phosphate 291 mg with emtricitabine 200 mg tablet, tenofovir disoproxil maleate 300 mg with emtricitabine 200 mg tablet, tenofovir disoproxil fumarate 300 mg with emtricitabine 200 mg tablet, and tenofovir disoproxil succinate 301 mg with emtricitabine 200 mg tablet are equivalent for the purposes of substitution.

Restricted benefit

Pre-exposure prophylaxis (PrEP) against human immunodeficiency virus (HIV) infection

Clinical criteria:

- Patient must have at least one of the following prior to having the latest PBS-subsidised prescription issued: (i) a negative HIV test result no older than 4 weeks, (ii) evidence that an HIV test has been conducted, but the result is still forthcoming.

tenofovir disoproxil phosphate 291 mg + emtricitabine 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11306C NP	1	2	..	69.94	41.30	[a] Tenofovir EMT GH [GQ]

tenofovir disoproxil maleate 300 mg + emtricitabine 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11296M NP	1	2	..	69.94	41.30	[a] Tenofovir Disoproxil Emtricitabine Mylan 300/200 [AF]

tenofovir disoproxil fumarate 300 mg + emtricitabine 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11276L NP	1	2	..	69.94	41.30	[a] CIPLA TENOFOVIR + EMTRICITABINE 300/200 [LR]	[a] Tenofovir/Emtricitabine 300/200 APOTEX [TX]

tenofovir disoproxil succinate 301 mg + emtricitabine 200 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12542D NP	1	2	..	69.94	41.30	[a] Tenofovir/Emtricitabine Sandoz 301/200 [SZ]

▪ VACCINES

BACTERIAL VACCINES

Tetanus vaccines

▪ DIPHTHERIA + TETANUS VACCINE

Note For immunisation of adults and children aged greater than or equal to 8 years.

diphtheria 2 units + tetanus 20 units vaccine injection, 5 x 0.5 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8783G NP	1	..	..	70.52	41.30	ADT Booster [CS]

▪ ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

▪ ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

Nitrogen mustard analogues

▪ CHLORAMBUCIL

chlorambucil 2 mg tablet, 25

1163F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	2	..	*135.34	41.30	Leukeran [AS]

▪ CYCLOPHOSPHAMIDE

cyclophosphamide 50 mg tablet, 50

1266P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	155.71	41.30	Cyclonex [GH]

▪ MELPHALAN

melphalan 2 mg tablet, 25

2547C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	64.03	41.30	Alkeran [AS]

Alkyl sulfonates

▪ BUSULFAN

busulfan 2 mg tablet, 100

1128J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	78.11	41.30	Myleran [AS]

Nitrosoureas

▪ CARMUSTINE

Note Carmustine is not PBS-subsidised for use in conjunction with PBS-subsidised temozolomide.

Restricted benefit

Glioblastoma multiforme

Clinical criteria:

- The condition must be suspected or confirmed at the time of initial surgery.

carmustine 7.7 mg implant, 8

8898H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	14288.65	41.30	Gliadel [EI]

Other alkylating agents

▪ TEMOZOLOMIDE

temozolomide 180 mg capsule, 5

2438H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	208.16	41.30	[a] APO-Temozolomide [TX] [a] Temozolomide Juno [JX]	[a] Temodal [MK]

temozolomide 250 mg capsule, 5

8381D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	293.16	41.30	[a] APO-Temozolomide [TX] [a] Temodal [MK] [a] Temozolomide Juno [JX]	[a] Temizole 250 [AL] [a] Temozolomide Alphapharm [AF]

temozolomide 20 mg capsule, 5

8379B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	38.84	40.14	[a] APO-Temozolomide [TX] [a] Temozolomide Alphapharm [AF]	[a] Temizole 20 [AL] [a] Temozolomide Juno [JX]

temozolomide 100 mg capsule, 5

8380C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	127.48	41.30	[a] APO-Temozolomide [TX] [a] Temodal [MK] [a] Temozolomide Juno [JX]	[a] Temizole 100 [AL] [a] Temozolomide Alphapharm [AF]

temozolomide 5 mg capsule, 5

8378Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	21.19	22.49	[a] APO-Temozolomide [TX] [a] Temozolomide Alphapharm [AF]	[a] Temizole 5 [AL] [a] Temozolomide Juno [JX]

temozolomide 140 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9362R	1	5	..	173.13	41.30	[a] APO-Temozolomide [TX] [a] Temodal [MK] [a] Temozolomide Juno [JX]	[a] Temizole 140 [AL] [a] Temozolomide Alphapharm [AF]

▪ TEMOZOLOMIDE

Note Temozolomide is not PBS-subsidised for use in conjunction with PBS-subsidised carmustine.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit
Glioblastoma multiforme
Treatment criteria:
- Patient must be undergoing concomitant radiotherapy.

temozolomide 180 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10062N	3	2	..	*610.30	41.30	[a] APO-Temozolomide [TX] [a] Temozolomide Juno [JX]	[a] Temodal [MK]

temozolomide 20 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8820F	3	2	..	*92.35	41.30	[a] APO-Temozolomide [TX] [a] Temozolomide Alphapharm [AF]	[a] Temizole 20 [AL] [a] Temozolomide Juno [JX]

temozolomide 100 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8821G	3	2	..	*368.29	41.30	[a] APO-Temozolomide [TX] [a] Temodal [MK] [a] Temozolomide Juno [JX]	[a] Temizole 100 [AL] [a] Temozolomide Alphapharm [AF]

temozolomide 5 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8819E	3	2	..	*39.40	40.70	[a] APO-Temozolomide [TX] [a] Temozolomide Alphapharm [AF]	[a] Temizole 5 [AL] [a] Temozolomide Juno [JX]

temozolomide 140 mg capsule, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9361Q	3	2	..	*505.21	41.30	[a] APO-Temozolomide [TX] [a] Temodal [MK] [a] Temozolomide Juno [JX]	[a] Temizole 140 [AL] [a] Temozolomide Alphapharm [AF]

ANTIMETABOLITES

Folic acid analogues

▪ METHOTREXATE

methotrexate 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1622J	1	5	..	17.91	19.21	Methoblastin [PF]

methotrexate 5 mg/2 mL injection, 5 x 2 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2396D	1	..	..	40.93	41.30	DBL Methotrexate [PF]

methotrexate 10 mg tablet, 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2272N	1	3	..	24.18	25.48	Methoblastin [PF]

▪ METHOTREXATE

Restricted benefit
Patients requiring doses greater than 20 mg per week

methotrexate 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1623K	1	2	..	52.40	41.30	Methoblastin [PF]

▪ METHOTREXATE

Note For item codes 2395C and 1818Q, pharmaceutical benefits that have the form injection 50 mg in 2 mL are equivalent for the purposes of substitution.

methotrexate 50 mg/2 mL injection, 5 x 2 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2395C	1	5	..	39.50	40.80	[a] DBL Methotrexate [PF]

methotrexate 50 mg/2 mL injection, 2 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1818Q	5	5	..	*39.48	40.78	[a] Methotrexate Accord [OD]

Purine analogues

▪ FLUDARABINE

fludarabine phosphate 10 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9184J	1	5	..	937.46	41.30	Fludara [GZ]

▪ MERCAPTOPURINE

mercaptopurine monohydrate 50 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1598D	4	2	..	*188.38	41.30	[a] MERCAPTOPURINE-LINK [LM]
			[B]8.40	*196.78	41.30	[a] Purinethol [AS]

mercaptopurine monohydrate 20 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10214N	‡1	2	..	380.30	41.30	Allmercap [LM]

▪ TIOGUANINE

tioguanine 40 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1233X	1	1	..	193.38	41.30	Lanvis [AS]

Pyrimidine analogues

▪ CAPECITABINE

capecitabine 500 mg tablet, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8362D	1	2	..	79.27	41.30	[a] Capecitabine Alphapharm [AF] [a] Capecitabine Sandoz [SZ]	[a] Capecitabine-DRLA [RZ] [a] Xelabine [AL]

capecitabine 150 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8361C	1	2	..	22.92	24.22	Capecitabine-DRLA [RZ]

▪ TRIFLURIDINE + TIPIRACIL

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10309

Metastatic colorectal cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a WHO performance status of 1 or less, **AND**
- Patient must have previously received treatment with fluoropyrimidine, oxaliplatin, irinotecan-based chemotherapies, an anti-vascular endothelial growth factor (anti-VEGF) agent and an anti-epidermal growth factor receptor (anti-EGFR) agent for this condition; OR
- Patient must not be a suitable candidate for treatment with fluoropyrimidine, oxaliplatin, irinotecan-based chemotherapies, an anti-VEGF agent and an anti-EGFR agent for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The patient's WHO performance status and body weight must be documented in the patient's medical records at the time the treatment cycle is initiated.

Authority required (STREAMLINED)

8183

Metastatic colorectal cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been treated with PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop progressive disease whilst receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

trifluridine 20 mg + tipiracil 8.19 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11524M	4	2	..	*3932.70	41.30	Lonsurf 20/8.19 [SE]

trifluridine 15 mg + tipiracil 6.14 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11507P	3	2	..	*2282.65	41.30	Lonsurf 15/6.14 [SE]

▪ TRIFLURIDINE + TIPIRACIL

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10252

Metastatic (Stage IV) adenocarcinoma of the stomach or gastro-oesophageal junction

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a WHO performance status of 1 or less, **AND**
- Patient must have previously received at least two prior lines of chemotherapy that included a fluoropyrimidine, a platinum and either a taxane or irinotecan, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The patient's WHO performance status and body weight must be documented in the patient's medical records at the time the treatment cycle is initiated.

Authority required (STREAMLINED)

10310

Metastatic (Stage IV) adenocarcinoma of the stomach or gastro-oesophageal junction

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop progressive disease whilst receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

trifluridine 20 mg + tipiracil 8.19 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12033H	4	2	..	*3932.70	41.30	Lonsurf 20/8.19 [SE]

trifluridine 15 mg + tipiracil 6.14 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12056M	3	2	..	*2282.65	41.30	Lonsurf 15/6.14 [SE]

PLANT ALKALOIDS AND OTHER NATURAL PRODUCTS

Vinca alkaloids and analogues

▪ VINORELBINE

Authority required

Advanced breast cancer

Clinical criteria:

- Patient must have failed standard prior therapy, which includes an anthracycline.

Authority required

Locally advanced or metastatic non-small cell lung cancer

vinorelbine 20 mg capsule, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9009E	20	2	..	*1578.58	41.30	Navelbine [FB]

vinorelbine 30 mg capsule, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9010F	16	2	..	*1891.78	41.30	Navelbine [FB]

Podophyllotoxin derivatives

▪ ETOPOSIDE

etoposide 100 mg capsule, 10

1389D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	391.71	41.30	Vepesid [LM]

etoposide 50 mg capsule, 20

1396L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	448.63	41.30	Vepesid [LM]

PROTEIN KINASE INHIBITORS

BCR-ABL tyrosine kinase inhibitors

▪ DASATINIB

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for all phases of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to dasatinib or nilotinib. Imatinib mesilate is not approved for use in second or third line treatment.Patients are eligible for PBS-subsidised treatment with only one of dasatinib or nilotinib at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between these agents if they have not failed prior PBS-subsidised treatment with that agent.Nilotinib is not approved for patients in blast crisis.1. Initial second line treatmentFrom 1 April 2012, under the PBS, a patient will be able to be prescribed either dasatinib or nilotinib within the initial 18 month treatment period as second-line therapy, as long as only one agent is approved at a time and providing the patient did not fail that drug as first-line therapy.During the initial 18 month treatment period, switching between approved second-line agents may only occur for reasons of intolerance, not failure of response.2. Initial third line treatmentThird-line treatment with a TKI can only be approved when imatinib is used for first-line treatment. Patients will only be approved for PBS-subsidised treatment with one third-line agent.From 1 April 2012, under the PBS, a patient will be able to be prescribed either dasatinib or nilotinib providing the patient did not fail that drug as first or second line therapy and for nilotinib the patient is not in blast crisis.3. Continuing treatment for second and third line treatmentAll continuing applications are to be written and must include a pathology report demonstrating the patient has responded to PBS-subsidised treatment as follows:(i) within 18 months of the commencement of treatment, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been demonstrated may receive authorisation for a further 12 months of treatment; and(ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained.During second line continuing treatment beyond the initial 18 month treatment period, switching between approved second line TKI agents may only occur for reason of intolerance. Where there is failure of response, switching may only occur through application for prescription of a third line agent.4. Authority approval requirements.Response criteria to initial treatment with dasatinib or nilotinib:For the purposes of assessing response to PBS-subsidised treatment with dasatinib or nilotinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).5. Definitions of response.A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.6. Definitions of loss of response.Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy.Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have failed PBS-subsidised first line treatment with this drug for this condition, **AND**
- Patient must have failed an adequate trial of PBS-subsidised first line treatment with imatinib for this condition; OR
- Patient must have failed an adequate trial of PBS-subsidised first line treatment with nilotinib for this condition; OR
- Patient must have experienced intolerance, not a failure of response, to PBS-subsidised second line treatment with nilotinib for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Failure of an adequate trial of imatinib or nilotinib is defined as:(i) Lack of response to initial imatinib or nilotinib therapy, defined as either:- failure to achieve a haematological response after a minimum of 3 months therapy with imatinib or nilotinib for patients initially treated in chronic phase; or- failure to achieve any cytogenetic response after a minimum of 6 months therapy with imatinib or nilotinib for patients initially treated in chronic phase as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive cells; or- failure to achieve a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy with imatinib or nilotinib; OR(ii) Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing imatinib or nilotinib therapy; OR(iii) Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing imatinib or nilotinib therapy; OR(iv) Development of accelerated phase or blast crisis in a patient previously prescribed imatinib or nilotinib for any phase of chronic myeloid leukaemia.

Accelerated phase is defined by the presence of 1 or more of the following:(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or(2) Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or(3) Peripheral basophils greater than or equal to 20%; or(4) Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or(5) Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome); ORBlast crisis is defined as either:(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or(2) Extramedullary involvement other than spleen and liver; OR(v) Disease progression (defined as a greater than or equal to 50% increase in peripheral white blood cell count, blast count, basophils or platelets) during first-line imatinib or nilotinib therapy in patients with accelerated phase or blast crisis chronic myeloid leukaemia.Patients should be commenced on a dose of dasatinib of at least 100 mg (base) daily. Continuing therapy is dependent on patients demonstrating a major cytogenetic response to dasatinib therapy or a peripheral blood BCR-ABL level of less than 1% within 18 months and thereafter at 12 monthly intervals.

Applications for authorisation must be in writing and must include:(a) a completed authority prescription form; and(b) a completed Chronic Myeloid Leukaemia - Second and Third Line - Supporting Information Form; and(c) a signed patient acknowledgement; and(d) a bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale. (The date of the relevant pathology report needs to be provided); and(e) where there has been a loss of response to imatinib or nilotinib, a copy of the current confirming pathology report(s) from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received initial PBS- subsidised second line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to PBS-subsidised second line treatment with nilotinib for this condition, **AND**
- Patient must have demonstrated a major cytogenetic response in the preceding 18 months and thereafter at 12 monthly intervals; OR
- Patient must have achieved a peripheral blood level of BCR-ABL of less than 1% in the preceding 18 months and thereafter at 12 monthly intervals, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications for authorisation must be in writing and must include:(1) a completed authority prescription form; and(2) a completed Chronic Myeloid Leukaemia - Second and Third Line - Application Form for continuing treatment; and (3) demonstration of continued response to treatment as evidenced by either: (a) major cytogenetic response [see Note explaining definitions of response]. Where this has been supplied within the previous 12 months (or 18 months for the initial supply), only the date of the relevant pathology report need be provided; or (b) a peripheral blood level of BCR-ABL of less than 1% on the international scale on the international scale [see Note explaining definitions of response]. Where this has been supplied within the previous 12 months (or 18 months for the initial supply), only the date of the relevant pathology report need be provided.

dasatinib 70 mg tablet, 60

2485T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	3981.76	41.30	[a] DASATINIB-TEVA [TB] [a] TE-DASATINIB [TI]	[a] Sprycel [BQ]

dasatinib 100 mg tablet, 30

9342Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	3247.11	41.30	[a] DASATINIB-TEVA [TB] [a] TE-DASATINIB [TI]	[a] Sprycel [BQ]

dasatinib 50 mg tablet, 60

2482P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	3247.11	41.30	[a] DASATINIB-TEVA [TB] [a] TE-DASATINIB [TI]	[a] Sprycel [BQ]

dasatinib 20 mg tablet, 60

2478K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	2031.14	41.30	[a] DASATINIB-TEVA [TB] [a] TE-DASATINIB [TI]	[a] Sprycel [BQ]

▪ DASATINIB

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.
Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.
1. Initial First-line treatment From 1 April 2012, under the PBS, a patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond
2. Continuing First-line treatment
Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% to receive continuing therapy.
For imatinib mesilate:
First continuing applications may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
For dasatinib or nilotinib:
First continuing applications are to be written and must include a pathology report demonstrating the patient has responded to the initial course of treatment.
Second and subsequent authority applications for continuing therapy may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.
3. Authority approval requirements.Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib:For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy.Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be a primary diagnosis, **AND**
- The condition must be in the chronic phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase, **AND**
- The treatment must be for first line therapy for this condition, **AND**
- Patient must not have previously experienced a failure to respond to the PBS-subsidised first line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with imatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- The treatment must not exceed a total maximum of 18 months of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications under this restriction will be limited to provide patients with a maximum of 18 months of therapy with dasatinib, imatinib or nilotinib from the date the first application for initial treatment was approved.

Patients should be commenced on a dose of dasatinib of 100 mg (base) daily. Continuing therapy is dependent on patients demonstrating a response to dasatinib therapy following the initial 18 months of treatment and at 12 monthly intervals thereafter.

Applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Chronic Myeloid Leukaemia - Chronic Phase, First Line - Supporting Information form; and

(3) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: First continuing treatment

Clinical criteria:

- The condition must be in the chronic phase, **AND**
- Patient must have received initial PBS-subsidised first line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to first continuing PBS-subsidised treatment with imatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to first continuing PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- Patient must have demonstrated a major cytogenic response; OR
- Patient must have demonstrated a peripheral blood level of BCR-ABL of less than 1%, **AND**
- The treatment must not exceed a total maximum of 24 weeks of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

First continuing applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) demonstration of continued response to treatment as evidenced by either:

(a) a major cytogenetic response [see Note explaining requirements]; or

(b) a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements].Where this has been supplied within the previous 12 months, only the date of the relevant pathology report need be provided.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- The condition must be in the chronic phase, **AND**
- Patient must have received the First continuing PBS-subsidised treatment with this drug as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to subsequent continuing PBS-subsidised treatment with imatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to subsequent continuing PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- Patient must have maintained a major cytogenic response; OR
- Patient must have maintained a peripheral blood level of BCR-ABL of less than 1%, **AND**
- The treatment must not exceed a total maximum of 24 weeks of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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dasatinib 70 mg tablet, 60

1415L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	3981.76	41.30	[a] DASATINIB-TEVA [TB] [a] TE-DASATINIB [TI]	[a] Sprycel [BQ]

dasatinib 100 mg tablet, 30

1416M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	3247.11	41.30	[a] DASATINIB-TEVA [TB] [a] TE-DASATINIB [TI]	[a] Sprycel [BQ]

dasatinib 50 mg tablet, 60

1381Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	3247.11	41.30	[a] DASATINIB-TEVA [TB] [a] TE-DASATINIB [TI]	[a] Sprycel [BQ]

dasatinib 20 mg tablet, 60

1354G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	2031.14	41.30	[a] DASATINIB-TEVA [TB] [a] TE-DASATINIB [TI]	[a] Sprycel [BQ]

▪ DASATINIB

Note No increase in the maximum number of repeats may be authorised.

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- Patient must have failed treatment with chemotherapy, **AND**
- Patient must have failed treatment with imatinib, **AND**
- Patient must have failed an allogeneic haemopoeitic stem cell transplantation if applicable.

Failure of treatment is defined as either:

(i) Failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with intensive chemotherapy and imatinib;

(ii) Morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by chemotherapy and imatinib;

(iii) Morphological or cytogenetic relapse or persistence of leukaemia after allogeneic haemopoietic stem cell transplantation.

Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells expressing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Acute Lymphoblastic Leukaemia Dasatinib PBS Authority Application - Supporting Information Form; and

(c) a pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript. The date of the relevant pathology report(s) need(s) to be provided.

Note Dasatinib will only be subsidised for patients with acute lymphoblastic leukaemia who are not receiving concomitant PBS-subsidised imatinib mesilate and who are not appropriate for an allogeneic haemopoietic stem cell transplant.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition as second-line therapy following treatment with imatinib, **AND**
- The condition must not have progressed.

Note Dasatinib will only be subsidised for patients with acute lymphoblastic leukaemia who are not receiving concomitant PBS-subsidised imatinib mesilate and who are not appropriate for an allogeneic haemopoietic stem cell transplant.

Note Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be newly diagnosed, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- The treatment must be for induction and consolidation therapy, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids, **AND**
- Patient must not have previously experienced a failure to respond to the PBS-subsidised first line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with imatinib as a first-line therapy for this condition.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Acute Lymphoblastic Leukaemia Dasatinib PBS Authority Application - Supporting Information Form; and

(c) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia to confirm eligibility for treatment, with either cytogenetic evidence of the Philadelphia chromosome, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow. (The date of the relevant pathology report needs to be provided).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised treatment with imatinib as a first-line therapy for this condition, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- The treatment must be for maintenance of first complete remission, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids.

Dasatinib and imatinib are available with a lifetime maximum of 24 months for continuing treatment for patients with acute lymphoblastic leukaemia reimbursed through the PBS in this treatment setting.

Note Any queries concerning the arrangements to prescribe this drug beyond 24 months may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

dasatinib 70 mg tablet, 60

9127J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	3981.76	41.30	[a] DASATINIB-TEVA [TB] [a] TE-DASATINIB [TI]	[a] Sprycel [BQ]

dasatinib 100 mg tablet, 30

9343R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	3247.11	41.30	[a] DASATINIB-TEVA [TB] [a] TE-DASATINIB [TI]	[a] Sprycel [BQ]

dasatinib 50 mg tablet, 60

9126H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	3247.11	41.30	[a] DASATINIB-TEVA [TB] [a] TE-DASATINIB [TI]	[a] Sprycel [BQ]

dasatinib 20 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9125G	1	2	..	2031.14	41.30	[a] DASATINIB-TEVA [TB] [a] TE-DASATINIB [TI]	[a] Sprycel [BQ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Myelodysplastic or myeloproliferative disorder

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by standard karyotyping; OR
- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by fluorescence in situ hybridization (FISH); OR
- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by PDGFRB fusion gene transcript, **AND**
- Patient must have previously failed an adequate trial of conventional therapy with cytarabine; OR
- Patient must have previously failed an adequate trial of conventional therapy with etoposide; OR
- Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea), **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A bone marrow biopsy report demonstrating the presence of a myelodysplastic or myeloproliferative disorder, a pathology report confirming the platelet-derived growth factor receptor (PDGFR) gene re-arrangement and details of the prior trialled therapy and the response must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10918P	1	5	..	334.85	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9176Y	1	5	..	334.85	41.30	[a] Gilmat [CR] [a] IMATINIB RBX [RA]	[a] Glivec [AF] [a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Aggressive systemic mastocytosis with eosinophilia

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- Patient must have previously failed an adequate trial of conventional therapy with corticosteroids; OR
- Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea), **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene, a bone marrow biopsy report and/or other tissue biopsy report confirming the diagnosis of aggressive systemic mastocytosis and a full blood examination report demonstrating eosinophilia must be documented in the patient's medical records.

The details of symptomatic organ involvement requiring treatment, including radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10921T	1	5	..	662.61	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9179D	1	5	..	662.61	41.30	[a] Glivec [AF] [a] Imatinib-Teva [SZ]	[a] IMATINIB RBX [RA]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Chronic eosinophilic leukaemia or Hypereosinophilic syndrome

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene, a full blood examination report and details of organ involvement requiring treatment, including a copy of the radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

10925B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

9175X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] Gilmat [CR] [a] IMATINIB RBX [RA]	[a] Glivec [AF] [a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Dermatofibrosarcoma protuberans

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be unresectable; OR
- The condition must be locally recurrent; OR
- The condition must be metastatic, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Details of unresectable tumour or site of the local recurrence or site(s) of metastatic disease must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

10933K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

9173T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] Gilmat [CR] [a] IMATINIB RBX [RA]	[a] Glivec [AF] [a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Myelodysplastic or myeloproliferative disorder

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by standard karyotyping; OR
- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by fluorescence in situ hybridization (FISH); OR
- Patient must have confirmed evidence of a platelet-derived growth factor receptor (PDGFR) gene re-arrangement by PDGFRB fusion gene transcript, **AND**
- Patient must have previously failed an adequate trial of conventional therapy with cytarabine; OR
- Patient must have previously failed an adequate trial of conventional therapy with etoposide; OR
- Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea), **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A bone marrow biopsy report demonstrating the presence of a myelodysplastic or myeloproliferative disorder, a pathology report confirming the platelet-derived growth factor receptor (PDGFR) gene re-arrangement and details of the prior trialled therapy and the response must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

10939R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

9177B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] Gilmat [CR] [a] IMATINIB RBX [RA]	[a] Glivec [AF] [a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Aggressive systemic mastocytosis with eosinophilia

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- Patient must have previously failed an adequate trial of conventional therapy with corticosteroids; OR
- Patient must have previously failed an adequate trial of conventional therapy with hydroxycarbamide (hydroxyurea), **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene, a bone marrow biopsy report and/or other tissue biopsy report confirming the diagnosis of aggressive systemic mastocytosis and a full blood examination report demonstrating eosinophilia must be documented in the patient's medical records.

The details of symptomatic organ involvement requiring treatment, including radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

10940T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.85	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

9178C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.85	41.30	[a] Glivec [AF] [a] Imatinib-Teva [SZ]	[a] IMATINIB RBX [RA]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Chronic eosinophilic leukaemia or Hypereosinophilic syndrome

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A pathology report confirming the presence of the FIP1L1-PDGFRA fusion gene, a full blood examination report and details of organ involvement requiring treatment, including a copy of the radiology, nuclear medicine, respiratory function or anatomical pathology reports as appropriate must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

10941W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.85	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

9174W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.85	41.30	[a] Gilmat [CR] [a] IMATINIB RBX [RA]	[a] Glivec [AF] [a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Dermatofibrosarcoma protuberans

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be unresectable; OR
- The condition must be locally recurrent; OR
- The condition must be metastatic, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Details of unresectable tumour or site of the local recurrence or site(s) of metastatic disease must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

10942X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.85	41.30	[a] CIPLA IMATINIB ADULT [LR]	[a] Imatinib-APOTEX [TX]
					[a] IMATINIB-DRLA [RZ]	[a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

9172R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.85	41.30	[a] Gilmat [CR]	[a] Glivec [AF]
					[a] IMATINIB RBX [RA]	[a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

9209

Dermatofibrosarcoma protuberans

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be unresectable; OR
- The condition must be locally recurrent; OR
- The condition must be metastatic, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to the PBS-subsidised treatment, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

11776T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.85	41.30	[a] CIPLA IMATINIB ADULT [LR]	[a] Imatinib-APOTEX [TX]
					[a] IMATINIB-DRLA [RZ]	[a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

11753N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.85	41.30	[a] Gilmat [CR]	[a] Glivec [AF]
					[a] IMATINIB RBX [RA]	[a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

9243

Myelodysplastic or myeloproliferative disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be PDGFRB fusion gene-positive, **AND**
- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A full blood examination report which demonstrates a complete haematological response and evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

11756R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] CIPLA IMATINIB ADULT [LR]	[a] Imatinib-APOTEX [TX]
					[a] IMATINIB-DRLA [RZ]	[a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

11765F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] Gilmat [CR]	[a] Glivec [AF]
					[a] IMATINIB RBX [RA]	[a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

9243

Myelodysplastic or myeloproliferative disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be PDGFRB fusion gene-positive, **AND**
- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A full blood examination report which demonstrates a complete haematological response and evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

11757T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.85	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

11769K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.85	41.30	[a] Gilmat [CR] [a] IMATINIB RBX [RA]	[a] Glivec [AF] [a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

9296

Chronic eosinophilic leukaemia or Hypereosinophilic syndrome

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A full blood examination report which demonstrates a complete haematological response, with a normal eosinophil count and a statement that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

11763D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

11758W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] Gilmat [CR] [a] IMATINIB RBX [RA]	[a] Glivec [AF] [a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

9206

Aggressive systemic mastocytosis with eosinophilia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A full blood examination report which demonstrates a complete haematological response and evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11777W	1	5	..	334.85	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11762C	1	5	..	334.85	41.30	[a] Glivec [AF] [a] Imatinib-Teva [SZ]	[a] IMATINIB RBX [RA]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

9209

Dermatofibrosarcoma protuberans

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be unresectable; OR
- The condition must be locally recurrent; OR
- The condition must be metastatic, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to the PBS-subsidised treatment, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 800 mg per day.

Evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11764E	1	5	..	662.61	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11786H	1	5	..	662.61	41.30	[a] Gilmat [CR] [a] IMATINIB RBX [RA]	[a] Glivec [AF] [a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

9296

Chronic eosinophilic leukaemia or Hypereosinophilic syndrome

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A full blood examination report which demonstrates a complete haematological response, with a normal eosinophil count and a statement that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11770L	1	5	..	334.85	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11781C	1	5	..	334.85	41.30	[a] Gilmat [CR] [a] IMATINIB RBX [RA]	[a] Glivec [AF] [a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

9206

Aggressive systemic mastocytosis with eosinophilia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have confirmed evidence of carrying the FIP1L1-PDGFRA fusion gene, **AND**
- Patient must have achieved and maintained a complete haematological response, **AND**
- The condition must not have progressed while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum dose of 400 mg per day.

A full blood examination report which demonstrates a complete haematological response and evidence that the disease has not progressed on imatinib therapy must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

11779Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

11785G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] Glivec [AF] [a] Imatinib-Teva [SZ]	[a] IMATINIB RBX [RA]

▪ IMATINIB

Note Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

9278

Gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection of primary gastrointestinal stromal tumour (GIST), **AND**
- Patient must be at high risk of recurrence following complete surgical resection of primary GIST, **AND**
- The treatment must not exceed a dose of 400 mg per day for a period of 36 months in total (initial plus continuing therapy), **AND**
- Patient must have previously been issued with an authority prescription for imatinib for adjuvant treatment following complete resection of primary GIST.

imatinib 100 mg capsule, 60

12710Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.85	41.30	[a] Imatinib-APOTEX [TX]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

11784F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.85	41.30	[a] Gilmat [CR] [a] Imatinib-Teva [SZ]	[a] Glivec [AF]

▪ IMATINIB

Note Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

9278

Gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection of primary gastrointestinal stromal tumour (GIST), **AND**
- Patient must be at high risk of recurrence following complete surgical resection of primary GIST, **AND**
- The treatment must not exceed a dose of 400 mg per day for a period of 36 months in total (initial plus continuing therapy), **AND**
- Patient must have previously been issued with an authority prescription for imatinib for adjuvant treatment following complete resection of primary GIST.

imatinib 400 mg capsule, 30

12711B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] Imatinib-APOTEX [TX]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

11788K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] Gilmat [CR] [a] Imatinib-Teva [SZ]	[a] Glivec [AF]

▪ IMATINIB

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Authority required

Gastrointestinal stromal tumour

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection of primary gastrointestinal stromal tumour (GIST), **AND**
- Patient must be at high risk of recurrence following complete surgical resection of primary GIST, **AND**
- The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining, **AND**
- The treatment must not exceed a dose of 400 mg per day for a period of 36 months in total (initial plus continuing therapy).

High risk of recurrence is defined as:

Primary GIST greater than 5 cm with a mitotic count of greater than 5/50 high power fields (HPF); or

Primary GIST greater than 10 cm with any mitotic rate; or

Primary GIST with a mitotic count of greater than 10/50 HPF.

A pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining must be documented in the patient's medical records.

The pathology report must include the size and mitotic rate of the tumour, and the date of tumour resection, which must not be more than 3 months prior to treatment initiation must be recorded in the patient's medical records.

imatinib 400 mg capsule, 30

12681K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] Imatinib-APOTEX [TX]	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

5444M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] Gilmat [CR] [a] Imatinib-Teva [SZ]	[a] Glivec [AF]

▪ IMATINIB

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Authority required

Gastrointestinal stromal tumour

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection of primary gastrointestinal stromal tumour (GIST), **AND**
- Patient must be at high risk of recurrence following complete surgical resection of primary GIST, **AND**
- The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining, **AND**
- The treatment must not exceed a dose of 400 mg per day for a period of 36 months in total (initial plus continuing therapy).

High risk of recurrence is defined as:

Primary GIST greater than 5 cm with a mitotic count of greater than 5/50 high power fields (HPF); or

Primary GIST greater than 10 cm with any mitotic rate; or

Primary GIST with a mitotic count of greater than 10/50 HPF.

A pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining must be documented in the patient's medical records.

The pathology report must include the size and mitotic rate of the tumour, and the date of tumour resection, which must not be more than 3 months prior to treatment initiation must be recorded in the patient's medical records.

imatinib 100 mg capsule, 60

12759M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.85	41.30	[a] Imatinib-APOTEX [TX]	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5443L	1	5	..	334.85	41.30	[a] Gilmat [CR] [a] Imatinib-Teva [SZ]	[a] Glivec [AF]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.
Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.
1. Initial First-line treatment From 1 April 2012, under the PBS, a patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond
2. Continuing First-line treatment
Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% to receive continuing therapy.
For imatinib mesilate:
First continuing applications may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
For dasatinib or nilotinib:
First continuing applications are to be written and must include a pathology report demonstrating the patient has responded to the initial course of treatment.
Second and subsequent authority applications for continuing therapy may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.
3. Authority approval requirements.Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib:For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy.Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Authority required (STREAMLINED)

9295

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Subsequent continuing

Clinical criteria:

- The condition must be in the chronic phase of chronic myeloid leukaemia, **AND**
- Patient must have received initial continuing PBS-subsidised treatment with this drug as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to subsequent continuing PBS-subsidised treatment with dasatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to subsequent continuing PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- Patient must have maintained a major cytogenic response; OR
- Patient must have maintained a peripheral blood level of BCR-ABL of less than 1%, **AND**

- The treatment must not exceed a total maximum of 24 weeks of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

imatinib 400 mg capsule, 30

11772N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	662.61	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

11752M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	5	..	662.61	41.30	[a] Gilmat [CR] [a] IMATINIB RBX [RA]	[a] Glivec [AF] [a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.
Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.
1. Initial First-line treatment From 1 April 2012, under the PBS, a patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond
2. Continuing First-line treatment
Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% to receive continuing therapy.
For imatinib mesilate:
First continuing applications may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
For dasatinib or nilotinib:
First continuing applications are to be written and must include a pathology report demonstrating the patient has responded to the initial course of treatment.
Second and subsequent authority applications for continuing therapy may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.
3. Authority approval requirements.Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib:For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy.Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Authority required (STREAMLINED)

9295

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Subsequent continuing

Clinical criteria:

- The condition must be in the chronic phase of chronic myeloid leukaemia, **AND**

- Patient must have received initial continuing PBS-subsidised treatment with this drug as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to subsequent continuing PBS-subsidised treatment with dasatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to subsequent continuing PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- Patient must have maintained a major cytogenic response; OR
- Patient must have maintained a peripheral blood level of BCR-ABL of less than 1%, **AND**
- The treatment must not exceed a total maximum of 24 weeks of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

imatinib 100 mg capsule, 60

11782D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.85	41.30	[a] CIPLA IMATINIB ADULT [LR]	[a] Imatinib-APOTEX [TX]
					[a] IMATINIB-DRLA [RZ]	[a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

11775R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.85	41.30	[a] Gilmat [CR]	[a] Glivec [AF]
					[a] IMATINIB RBX [RA]	[a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

9208

Malignant gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be metastatic; OR
- The condition must be unresectable, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be given at a dose not exceeding 600 mg per day.

Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS-subsidised imatinib

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

imatinib 400 mg capsule, 30

12723P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	662.61	41.30	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

11778X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	662.61	41.30	[a] Gilmat [CR]	[a] Glivec [AF]
					[a] Imatinib-Teva [SZ]	

▪ IMATINIB

Note Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

9208

Malignant gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be metastatic; OR
- The condition must be unresectable, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**

- The treatment must be given at a dose not exceeding 600 mg per day.

Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS-subsidised imatinib

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

imatinib 100 mg capsule, 60

12722N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	334.85	41.30	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

11787J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	334.85	41.30	[a] Gilmat [CR] [a] Imatinib-Teva [SZ]	[a] Glivec [AF]

▪ IMATINIB

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Authority required

Malignant gastrointestinal stromal tumour

Treatment Phase: Initial Treatment

Clinical criteria:

- The condition must be metastatic; OR
- The condition must be unresectable, **AND**
- The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining, **AND**
- The treatment must be commenced at a dose not exceeding 400 mg per day, **AND**
- The treatment must not exceed 3 months under this restriction.

Authority prescriptions for a higher dose will not be approved during this initial 3 month treatment period.

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

A pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining must be documented in the patient's medical records.

Details of the most recent (within 2 months of the application) computed tomography (CT) scan, magnetic resonance imaging (MRI) or ultrasound assessment of the tumour(s), including whether or not there is evidence of metastatic disease must be documented in the patient's medical records.

Where the application for authority to prescribe is being sought on the basis of an unresectable tumour, written evidence must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

12709X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	334.85	41.30	[a] IMATINIB-DRLA [RZ]

imatinib 100 mg tablet, 60

9111M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	334.85	41.30	[a] Gilmat [CR] [a] Imatinib-Teva [SZ]	[a] Glivec [AF]

▪ IMATINIB

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Authority required

Malignant gastrointestinal stromal tumour

Treatment Phase: Initial Treatment

Clinical criteria:

- The condition must be metastatic; OR
- The condition must be unresectable, **AND**
- The condition must be histologically confirmed by the detection of CD117 on immunohistochemical staining, **AND**
- The treatment must be commenced at a dose not exceeding 400 mg per day, **AND**
- The treatment must not exceed 3 months under this restriction.

Authority prescriptions for a higher dose will not be approved during this initial 3 month treatment period.

Patients with metastatic/unresectable disease who achieve a response to treatment at an imatinib dose of 400 mg per day should be continued at this dose and assessed for response at regular intervals. Patients who fail to achieve a response to 400 mg per day may have their dose increased to 600 mg per day. Authority applications for doses higher than 600 mg per day will not be approved.

A response to treatment is defined as a decrease from baseline in the sum of the products of the perpendicular diameters of all measurable lesions of 50% or greater. (Response definition based on the Southwest Oncology Group standard criteria, see Demetri et al. N Engl J Med 2002; 347: 472-80.)

A pathology report from an Approved Pathology Authority supporting the diagnosis of a gastrointestinal stromal tumour and confirming the presence of CD117 on immunohistochemical staining must be documented in the patient's medical records.

Details of the most recent (within 2 months of the application) computed tomography (CT) scan, magnetic resonance imaging (MRI) or ultrasound assessment of the tumour(s), including whether or not there is evidence of metastatic disease must be documented in the patient's medical records.

Where the application for authority to prescribe is being sought on the basis of an unresectable tumour, written evidence must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

12754G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	662.61	41.30	[a] IMATINIB-DRLA [RZ]

imatinib 400 mg tablet, 30

9112N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	662.61	41.30	[a] Gilmat [CR] [a] Imatinib-Teva [SZ]	[a] Glivec [AF]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.

1. Initial First-line treatment From 1 April 2012, under the PBS, a patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond

2. Continuing First-line treatment

Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% to receive continuing therapy.

For imatinib mesilate:

First continuing applications may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

For dasatinib or nilotinib:

First continuing applications are to be written and must include a pathology report demonstrating the patient has responded to the initial course of treatment.

Second and subsequent authority applications for continuing therapy may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.

3. Authority approval requirements.Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib:For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).

4. Definitions of response

A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy.Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the chronic phase of chronic myeloid leukaemia, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase, **AND**
- The treatment must be for first line therapy for this condition, **AND**
- Patient must not have previously experienced a failure to respond to the PBS-subsidised treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- The treatment must not exceed a total maximum of 18 months of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications under this restriction will be limited to provide patients with a maximum of 18 months of therapy with dasatinib, imatinib or nilotinib from the date the first application for initial treatment was approved.

Patients should be commenced on a dose of imatinib mesilate of 400 mg (base) daily. Continuing therapy is dependent on patients demonstrating a response to imatinib mesilate therapy following the initial 18 months of treatment and at 12 monthly intervals thereafter.

A pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: First Continuing

Clinical criteria:

- The condition must be in the chronic phase of chronic myeloid leukaemia, **AND**
- Patient must have received initial PBS-subsidised treatment with this drug as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to first continuing PBS-subsidised treatment with dasatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to first continuing PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- Patient must have demonstrated a major cytogenic response; OR
- Patient must have demonstrated a peripheral blood level of BCR-ABL of less than 1%, **AND**
- The treatment must not exceed a total maximum of 24 weeks of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A major cytogenetic response [see Note explaining requirements] or a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements] must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

10915L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.85	41.30	[a] CIPLA IMATINIB ADULT [LR]	[a] Imatinib-APOTEX [TX]
					[a] IMATINIB-DRLA [RZ]	[a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

9113P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	334.85	41.30	[a] Gilmat [CR]	[a] Glivec [AF]
					[a] IMATINIB RBX [RA]	[a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia. Where the term TKI agent appears in the

following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.
Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.
1. Initial First-line treatment From 1 April 2012, under the PBS, a patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond
2. Continuing First-line treatment
Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% to receive continuing therapy.
For imatinib mesilate:
First continuing applications may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
For dasatinib or nilotinib:
First continuing applications are to be written and must include a pathology report demonstrating the patient has responded to the initial course of treatment.
Second and subsequent authority applications for continuing therapy may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason of intolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.
3. Authority approval requirements.Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib:For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).
4. Definitions of response
A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.
5. Definitions of loss of response
Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy.Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the chronic phase of chronic myeloid leukaemia, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase, **AND**
- The treatment must be for first line therapy for this condition, **AND**
- Patient must not have previously experienced a failure to respond to the PBS-subsidised treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- The treatment must not exceed a total maximum of 18 months of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications under this restriction will be limited to provide patients with a maximum of 18 months of therapy with dasatinib, imatinib or nilotinib from the date the first application for initial treatment was approved.

Patients should be commenced on a dose of imatinib mesilate of 400 mg (base) daily. Continuing therapy is dependent on patients demonstrating a response to imatinib mesilate therapy following the initial 18 months of treatment and at 12 monthly intervals thereafter.

A pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: First Continuing

Clinical criteria:

- The condition must be in the chronic phase of chronic myeloid leukaemia, **AND**
- Patient must have received initial PBS-subsidised treatment with this drug as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to first continuing PBS-subsidised treatment with dasatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to first continuing PBS-subsidised treatment with nilotinib as a first line therapy for this condition, **AND**
- Patient must have demonstrated a major cytogenic response; OR
- Patient must have demonstrated a peripheral blood level of BCR-ABL of less than 1%, **AND**
- The treatment must not exceed a total maximum of 24 weeks of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A major cytogenetic response [see Note explaining requirements] or a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements] must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

10916M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

9114Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	662.61	41.30	[a] Gilmat [CR] [a] IMATINIB RBX [RA]	[a] Glivec [AF] [a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be newly diagnosed, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- The treatment must be for induction and consolidation therapy, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids, **AND**
- Patient must not have previously experienced a failure to respond to the PBS-subsidised first line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first line therapy for this condition.

A pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia with either cytogenetic evidence of the Philadelphia chromosome, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

imatinib 400 mg capsule, 30

10917N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	662.61	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

9124F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	662.61	41.30	[a] Gilmat [CR] [a] IMATINIB RBX [RA]	[a] Glivec [AF] [a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this criterion may be made by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the accelerated phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase.

Accelerated phase is defined by the presence of 1 or more of the following:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

2. Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

3. Peripheral basophils greater than or equal to 20%; or

4. Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

5. Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the blast phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase.

Blast crisis is defined as either:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or

2. Extramedullary involvement other than spleen and liver.

imatinib 100 mg capsule, 60

10920R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	334.85	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

9115R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	334.85	41.30	[a] Gilmat [CR] [a] IMATINIB RBX [RA]	[a] Glivec [AF] [a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be newly diagnosed, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- The treatment must be for induction and consolidation therapy, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids, **AND**
- Patient must not have previously experienced a failure to respond to the PBS-subsidised first line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first line therapy for this condition.

A pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of acute lymphoblastic leukaemia with either cytogenetic evidence of the Philadelphia chromosome, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow must be documented in the patient's medical records.

imatinib 100 mg capsule, 60

10924Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	334.85	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

9123E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	334.85	41.30	[a] Gilmat [CR] [a] IMATINIB RBX [RA]	[a] Glivec [AF] [a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this criterion may be made by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the accelerated phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase.

Accelerated phase is defined by the presence of 1 or more of the following:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

2. Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

3. Peripheral basophils greater than or equal to 20%; or

4. Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

5. Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must a primary diagnosis of chronic myeloid leukaemia, **AND**
- The condition must be in the blast phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase.

Blast crisis is defined as either:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or

2. Extramedullary involvement other than spleen and liver.

imatinib 400 mg capsule, 30

10935M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	662.61	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

9116T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	662.61	41.30	[a] Gilmat [CR] [a] IMATINIB RBX [RA]	[a] Glivec [AF] [a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Note Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

Authority required (STREAMLINED)

9207

Acute lymphoblastic leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised treatment with dasatinib as a first-line therapy for this condition, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**

- The treatment must be for maintenance of first complete remission, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids.

Dasatinib and imatinib are available with a lifetime maximum of 24 months for continuing treatment for patients with acute lymphoblastic leukaemia reimbursed through the PBS in this treatment setting.

imatinib 400 mg capsule, 30

11771M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	662.61	41.30	[a] CIPLA IMATINIB ADULT [LR]	[a] Imatinib-APOTEX [TX]
					[a] IMATINIB-DRLA [RZ]	[a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

11789L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	662.61	41.30	[a] Gilmat [CR]	[a] Glivec [AF]
					[a] IMATINIB RBX [RA]	[a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Note Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Allogeneic stem cell transplantation is the preferred therapy for eligible patients achieving a complete remission of Philadelphia positive acute lymphoblastic leukaemia.

Authority required (STREAMLINED)

9207

Acute lymphoblastic leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to continuing PBS-subsidised treatment with dasatinib as a first-line therapy for this condition, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- The treatment must be for maintenance of first complete remission, **AND**
- The treatment must be in combination with chemotherapy or corticosteroids.

Dasatinib and imatinib are available with a lifetime maximum of 24 months for continuing treatment for patients with acute lymphoblastic leukaemia reimbursed through the PBS in this treatment setting.

imatinib 100 mg capsule, 60

11783E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	334.85	41.30	[a] CIPLA IMATINIB ADULT [LR]	[a] Imatinib-APOTEX [TX]
					[a] IMATINIB-DRLA [RZ]	[a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

11780B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	334.85	41.30	[a] Gilmat [CR]	[a] Glivec [AF]
					[a] IMATINIB RBX [RA]	[a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 400 mg and imatinib capsule 400 mg are equivalent for the purposes of substitution.

Note Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

10026

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be in the accelerated phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase.

Authority required (STREAMLINED)

10048

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**

- The condition must be in the blast phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase.

imatinib 400 mg capsule, 30

11870R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	662.61	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 400 mg tablet, 30

11878E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	662.61	41.30	[a] Gilmat [CR] [a] IMATINIB RBX [RA]	[a] Glivec [AF] [a] Imatinib-Teva [SZ]

▪ IMATINIB

Note Pharmaceutical benefits that have the form imatinib tablet 100 mg and imatinib capsule 100 mg are equivalent for the purposes of substitution.

Note Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

10026

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be in the accelerated phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase.

Authority required (STREAMLINED)

10048

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must be in the blast phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase.

imatinib 100 mg capsule, 60

11875B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	334.85	41.30	[a] CIPLA IMATINIB ADULT [LR] [a] IMATINIB-DRLA [RZ]	[a] Imatinib-APOTEX [TX] [a] Imatinib GH [GQ]

imatinib 100 mg tablet, 60

11880G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	334.85	41.30	[a] Gilmat [CR] [a] IMATINIB RBX [RA]	[a] Glivec [AF] [a] Imatinib-Teva [SZ]

▪ NILOTINIB

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be a primary diagnosis, **AND**
- The condition must be in the chronic phase, **AND**
- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL tyrosine kinase, **AND**
- The treatment must be for first line therapy for this condition, **AND**
- Patient must not have previously experienced a failure to respond to the PBS-subsidised first line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with imatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to initial PBS-subsidised treatment with dasatinib as a first line therapy for this condition, **AND**
- The treatment must not exceed a total maximum of 18 months of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications under this restriction will be limited to provide patients with a maximum of 18 months of therapy with dasatinib, imatinib or nilotinib from the date the first application for initial treatment was approved.Patients should be commenced on a dose of nilotinib of 300 mg twice daily. Continuing therapy is dependent on patients demonstrating a response to nilotinib therapy following the initial 18 months of treatment and at 12 monthly intervals thereafter.Applications for authorisation must be in writing and must include:(1) a completed authority prescription form; and(2) a completed Chronic Myeloid Leukaemia - Chronic Phase, First Line - Supporting Information form; and(3) a pathology cytogenetic report conducted on peripheral blood or bone marrow supporting the diagnosis of chronic myeloid leukaemia to confirm eligibility for treatment, or a qualitative PCR report documenting the presence of the BCR-ABL transcript in either peripheral blood or bone marrow; and(4) a signed patient acknowledgement formThe following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for the chronic phase of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to imatinib mesilate, dasatinib or nilotinib.

Patients are eligible for PBS-subsidised treatment with only one TKI agent at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between TKI agents if they have not failed prior PBS-subsidised treatment with that agent.

1. Initial First-line treatment From 1 April 2012, under the PBS, a patient will be able to be prescribed any of imatinib mesilate, dasatinib or nilotinib within the initial 18 month treatment period, as long as only one agent is used at a time and providing the patient has not failed to respond to any one of these TKIs.During the initial 18 month treatment period, switching between approved first-line agents may only occur for reasons of intolerance, not failure to respond 2. Continuing First-line treatment -

Patients must maintain a major cytogenetic response or have a peripheral blood BCR-ABL of less than 1% to receive continuing therapy.

First continuing applications are to be written and must include a pathology report demonstrating the patient has responded to the initial course of treatment.

Second and subsequent authority applications for continuing therapy may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

During continuing therapy beyond the initial 18 month treatment period, switching between approved first-line agents may only occur for reason ofintolerance. Where there is failure to respond, switching may only occur through application for prescription of second-line agents.Where a patient has previously received PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib no approval will be granted for PBS-subsidised re-treatment in the chronic phase of chronic myeloid leukaemia, where that patient has at any time failed to meet the response criteria whilst on that TKI agent.

3. Authority approval requirements.Response criteria to initial first-line treatment with imatinib mesilate, dasatinib or nilotinib:For the purposes of assessing response to PBS-subsidised treatment with imatinib mesilate, dasatinib or nilotinib either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with imatinib mesilate, dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).

4. Definitions of response.A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.

5. Definitions of loss of response.Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy.Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: First continuing treatment

Clinical criteria:

- The condition must be in the chronic phase, **AND**
- Patient must have received initial PBS-subsidised first line treatment with this drug for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to first continuing PBS-subsidised treatment with imatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to first continuing PBS-subsidised treatment with dasatinib as a first line therapy for this condition, **AND**
- Patient must have demonstrated a major cytogenic response; OR
- Patient must have demonstrated a peripheral blood level of BCR-ABL of less than 1%, **AND**

- The treatment must not exceed a total maximum of 24 weeks of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

First continuing applications for authorisation must be in writing and must include:(1) a completed authority prescription form; and(2) demonstration of continued response to treatment as evidenced by either:(a) a major cytogenetic response [see Note explaining requirements]; or(b) a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining requirements].Where this has been supplied within the previous 12 months, only the date of the relevant pathology report need be provided.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- The condition must be in the chronic phase, **AND**
- Patient must have received the First continuing PBS-subsidised treatment with this drug as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to subsequent continuing PBS-subsidised treatment with imatinib as a first line therapy for this condition; OR
- Patient must have experienced intolerance, not a failure to respond, to subsequent continuing PBS-subsidised treatment with dasatinib as a first line therapy for this condition, **AND**
- Patient must have maintained a major cytogenic response; OR
- Patient must have maintained a peripheral blood level of BCR-ABL of less than 1%, **AND**
- The treatment must not exceed a total maximum of 24 weeks of therapy with a PBS-subsidised treatment with a tyrosine kinase inhibitor for this condition under this restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Subsequent authority applications for continuing therapy with this drug may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

nilotinib 150 mg capsule, 120

1309X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3856.11	41.30	Tasigna [NV]

▪ NILOTINIB

Note Any queries concerning the arrangements to prescribe this drug may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au
Written applications for authority to prescribe this drug should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be in the chronic phase; OR
- The condition must be in the accelerated phase, **AND**
- Patient must have failed an adequate trial of PBS-subsidised first line treatment with imatinib for this condition; OR
- Patient must have failed an adequate trial of PBS-subsidised first line treatment with dasatinib for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Failure of an adequate trial of imatinib or dasatinib is defined as:(i) Lack of response to initial imatinib or dasatinib therapy, defined as either:- failure to achieve a haematological response after a minimum of 3 months therapy with imatinib or dasatinib for patients initially treated in chronic phase; or- failure to achieve any cytogenetic response after a minimum of 6 months therapy with imatinib or dasatinib for patients initially treated in chronic phase as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive cells; or- failure to achieve a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy with imatinib or dasatinib; OR(ii) Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing imatinib or dasatinib therapy; OR(iii) Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing imatinib or dasatinib therapy; OR(iv) Development of accelerated phase in a patient previously prescribed imatinib or dasatinib for the chronic phase of chronic myeloid leukaemia.

Accelerated phase is defined by the presence of 1 or more of the following:(1) Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or(2) Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or(3) Peripheral basophils greater than or equal to 20%; or(4) Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or(5) Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome); OR(v) Disease progression (defined as a greater than or equal to.50% increase in peripheral

white blood cell count, blast count, basophils or platelets) during first-line imatinib or dasatinib therapy in patients with accelerated phase chronic myeloid leukaemia, provided that blast crisis has been excluded on bone marrow biopsy.

Patients should be commenced on a dose of nilotinib of 400 mg twice daily. Continuing therapy is dependent on patients demonstrating a major cytogenetic response to nilotinib therapy or a peripheral blood BCR-ABL level of less than 1% within 18 months and thereafter at 12 monthly intervals.

Applications for authorisation must be in writing and must include:(a) a completed authority prescription form; and(b) a completed Chronic Myeloid Leukaemia - Second and Third Line - Supporting Information Form; and(c) a signed patient acknowledgement; and(d) a bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale. (The date of the relevant pathology report needs to be provided); and(e) where there has been a loss of response to imatinib or dasatinib, a copy of the current confirming pathology report(s) from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tyrosine kinase inhibitors (TKI) agents for all phases of chronic myeloid leukaemia. Where the term TKI agent appears in the following notes and restrictions it refers to dasatinib or nilotinib. Imatinib mesilate is not approved for use in second or third line treatment.Patients are eligible for PBS-subsidised treatment with only one of dasatinib or nilotinib at any one time and must not be receiving concomitant interferon alfa therapy. Eligible patients may only swap between these agents if they have not failed prior PBS-subsidised treatment with that agent.Nilotinib is not approved for patients in blast crisis.1. Initial second line treatmentFrom 1 April 2012, under the PBS, a patient will be able to be prescribed either dasatinib or nilotinib within the initial 18 month treatment period as second-line therapy, as long as only one agent is approved at a time and providing the patient did not fail that drug as first-line therapy.During the initial 18 month treatment period, switching between approved second-line agents may only occur for reasons of intolerance, not failure of response.2. Initial third line treatmentThird-line treatment with a TKI can only be approved when imatinib is used for first-line treatment. Patients will only be approved for PBS-subsidised treatment with one third-line agent.From 1 April 2012, under the PBS, a patient will be able to be prescribed either dasatinib or nilotinib providing the patient did not fail that drug as first or second line therapy and for nilotinib the patient is not in blast crisis.3. Continuing treatment for second and third line treatmentAll continuing applications are to be written and must include a pathology report demonstrating the patient has responded to PBS-subsidised treatment as follows:(i) within 18 months of the commencement of treatment, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been demonstrated may receive authorisation for a further 12 months of treatment; and(ii) at no greater than 12 month intervals thereafter, to demonstrate that the major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been sustained.During second line continuing treatment beyond the initial 18 month treatment period, switching between approved second line TKI agents may only occur for reason of intolerance. Where there is failure of response, switching may only occur through application for prescription of a third line agent.4. Authority approval requirements.Response criteria to initial treatment with dasatinib or nilotinib:For the purposes of assessing response to PBS-subsidised treatment with dasatinib or nilotinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be submitted within 18 months of the commencement of treatment with dasatinib or nilotinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive continuing treatment with that agent).5. Definitions of response.A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006) also indicates a response, at least the biological equivalent of a major cytogenetic response.6. Definitions of loss of response.Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor (TKI) therapy.Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a major cytogenetic response to nilotinib in the preceding 18 months and thereafter at 12 monthly intervals; OR
- Patient must have achieved a peripheral blood level of BCR-ABL of less than 1% to nilotinib in the preceding 18 months and thereafter at 12 monthly intervals, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications for authorisation must be in writing and must include:(1) a completed authority prescription form; and(2) a completed Chronic Myeloid Leukaemia - Second and Third Line - Application Form for continuing treatment; and(3) demonstration of continued response to treatment as evidenced by either:(a) major cytogenetic response [see Note explaining definitions of response]. Where this has been supplied within the previous 12 months (or 18 months for the initial supply), only the date of the relevant pathology report needs to be provided; or(b) a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining definitions of response]. Where this has been supplied within the previous 12 months (or 18 months for the initial supply), only the date of the relevant pathology report needs to be provided

nilotinib 200 mg capsule, 120

9171Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5056.76	41.30	Tasigna [NV]

▪ PONATINIB

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be expressing the Philadelphia chromosome; OR
- The condition must have the transcript BCR-ABL, **AND**
- Patient must have failed prior treatment with PBS-subsidised dasatinib for this condition; OR
- Patient must have developed intolerance to PBS-subsidised dasatinib of a severity requiring treatment withdrawal.

Failure of treatment with dasatinib is defined as either:

1. Failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with PBS-subsidised dasatinib for this condition; or

2. Morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by PBS-subsidised dasatinib for this condition; or

3. Rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition.

Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells bearing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission; OR rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition.

The authority application must be made in writing and must include:

1. a completed authority prescription form; and

2. a completed Acute Lymphoblastic Leukaemia ponatinib PBS Authority Application - Supporting Information Form; and

3. a pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript. The date of the relevant pathology report(s) need(s) to be provided; or

4. pathology reports documenting rising levels of BCR-ABL1 transcript on two consecutive occasions in a patient in complete remission while being treated with PBS-subsidised dasatinib for this condition. The date of the relevant pathology report(s) need(s) to be provided

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease while receiving PBS-subsidised treatment with this drug for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ponatinib 45 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11453T	1	2	..	6172.87	41.30	Iclusig [TK]

ponatinib 15 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11454W	1	2	..	5489.40	41.30	Iclusig [TK]

▪ PONATINIB

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must be expressing the T315I mutation, **AND**
- Patient must have failed treatment with chemotherapy, with or without another tyrosine kinase inhibitor, **AND**
- Patient must have failed allogeneic haemopoietic stem cell transplantation (where appropriate).

Failure of treatment is defined as either:

1. Failure to achieve a complete morphological and cytogenetic remission after a minimum of 2 months treatment with intensive chemotherapy, with or without another tyrosine kinase inhibitor;

2. Morphological or cytogenetic relapse of leukaemia after achieving a complete remission induced by chemotherapy, with or without another tyrosine kinase inhibitor;

3. Morphological or cytogenetic relapse or persistence of leukaemia after allogeneic haemopoietic stem cell transplantation.

Patients must have active leukaemia, as defined by presence on current pathology assessments of either morphological infiltration of the bone marrow (greater than 5% lymphoblasts) or cerebrospinal fluid or other sites; OR the presence of cells bearing the Philadelphia chromosome on cytogenetic or FISH analysis in the bone marrow of patients in morphological remission.

The authority application must be made in writing and must include:

1. a completed authority prescription form; and

2. a completed Acute Lymphoblastic Leukaemia - ponatinib Initial PBS authority application form; and

3. a signed patient acknowledgement; and

4. a pathology report demonstrating that the patient has active acute lymphoblastic leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or morphological evidence of acute lymphoblastic leukaemia plus qualitative RT-PCR evidence of BCR-ABL transcript.; and evidence of the T315I mutation. The date of the relevant pathology report(s), which should be within the previous 6 months, need(s) to be provided

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Acute lymphoblastic leukaemia

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have progressive disease.

Note Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

ponatinib 45 mg tablet, 30

10524X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	6172.87	41.30	Iclusig [TK]

ponatinib 15 mg tablet, 60

10523W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	5489.40	41.30	Iclusig [TK]

▪ PONATINIB

Note Patients are eligible for PBS-subsidised treatment with only one of imatinib, dasatinib, nilotinib or ponatinib at any one time and must not be receiving concomitant interferon alfa therapy.

Note 1. Continuing treatment
First continuing applications are to be written, at which time patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% has been demonstrated may receive authorisation for a further 12 months of treatment. Subsequent authority applications for continuing therapy may be made by telephoning the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
2. Authority approval requirements.
Response criteria to treatment with ponatinib:
For the purposes of assessing response to PBS-subsidised treatment with ponatinib, either cytogenetic analysis indicating the number of Philadelphia positive [t (9;22)] cells in the bone marrow measured by standard karyotyping, or quantitative PCR indicating the relative level of BCR-ABL transcript in the peripheral blood using the international scale, must be submitted. For bone marrow analyses, where the standard karyotyping is not informative for technical reasons, a

cytogenetic analysis performed on the bone marrow by the use of fluorescence in situ hybridisation (FISH) with BCR-ABL specific probe must be submitted. The cytogenetic or peripheral blood quantitative PCR analyses must be conducted within 18 months of the commencement of treatment with ponatinib (patients in whom a major cytogenetic response or peripheral blood BCR-ABL level of less than 1% is demonstrable by 18 months are eligible to receive first continuing treatment with this drug).

Thereafter, at no greater than 12 month intervals a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% must be sustained to receive subsequent continuing treatments with this drug.

3. Definitions of response.

A major cytogenetic response is defined as less than 35% Philadelphia positive bone marrow cells.

A peripheral blood BCR-ABL level of less than 1% on the international scale (Blood 108: 28-37, 2006).

4. Definitions of loss of response.

Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing tyrosine kinase inhibitor therapy.

Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing tyrosine kinase inhibitor therapy.

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have failed an adequate trial of dasatinib; OR
- Patient must have developed intolerance to dasatinib of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have failed an adequate trial of nilotinib; OR
- Patient must have developed intolerance to nilotinib of a severity necessitating permanent treatment withdrawal; OR
- Patient must not be eligible for PBS-subsidised treatment with nilotinib because the patient has a blast crisis.

Failure of an adequate trial of dasatinib or nilotinib is defined as:

1. Lack of response to dasatinib or nilotinib therapy, defined as either:

(i) failure to achieve a haematological response after a minimum of 3 months therapy with dasatinib or nilotinib; or

(ii) failure to achieve any cytogenetic response after a minimum of 6 months therapy with dasatinib or nilotinib as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive cells; or

(iii) failure to achieve a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy with dasatinib or nilotinib; OR

2. Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing dasatinib or nilotinib therapy; OR

3. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing dasatinib or nilotinib therapy; OR

4. Development of accelerated phase or blast crisis in a patient previously prescribed dasatinib or nilotinib for any phase of chronic myeloid leukaemia; OR

5. Disease progression (defined as a greater than or equal to 50% increase in peripheral white blood cell count, blast count, basophils or platelets) during dasatinib or nilotinib therapy in patients with accelerated phase or blast crisis chronic myeloid leukaemia.

Accelerated phase is defined by the presence of 1 or more of the following:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

2. Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

3. Peripheral basophils greater than or equal to 20%; or

4. Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

5. Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).

Blast crisis is defined as either:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or

2. Extramedullary involvement other than spleen and liver.

The authority application must be made in writing and must include:

1. a completed authority prescription form; and

2. a completed Chronic Myeloid Leukaemia - ponatinib Initial PBS authority application form; and

3. a bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale. (The date of the relevant pathology report needs to be provided); and

4. where there has been a loss of response to dasatinib or nilotinib, a copy of the current confirming pathology report(s) from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement.

Up to a maximum of 18 months of treatment may be authorised under this initial restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must be expressing the T315I mutation, **AND**
- Patient must have failed an adequate trial of imatinib; OR
- Patient must have failed an adequate trial of dasatinib; OR
- Patient must have failed an adequate trial of nilotinib.

Failure of an adequate trial of imatinib or dasatinib or nilotinib is defined as:

1. Lack of response to imatinib or dasatinib or nilotinib therapy, defined as either:

(i) failure to achieve a haematological response after a minimum of 3 months therapy with imatinib or dasatinib or nilotinib; or

(ii) failure to achieve any cytogenetic response after a minimum of 6 months therapy with imatinib or dasatinib or nilotinib as demonstrated on bone marrow biopsy by presence of greater than 95% Philadelphia chromosome positive cells; or

(iii) failure to achieve a major cytogenetic response or a peripheral blood BCR-ABL level of less than 1% after a minimum of 12 months therapy with imatinib or dasatinib or nilotinib; OR

2. Loss of a previously documented major cytogenetic response (demonstrated by the presence of greater than 35% Ph positive cells on bone marrow biopsy), during ongoing imatinib or dasatinib or nilotinib therapy; OR

3. Loss of a previously demonstrated molecular response (demonstrated by peripheral blood BCR-ABL levels increasing consecutively in value by at least 5 fold to a level of greater than 0.1% confirmed on a subsequent test), during ongoing imatinib or dasatinib or nilotinib therapy; OR

4. Development of accelerated phase or blast crisis in a patient previously prescribed imatinib or dasatinib or nilotinib for any phase of chronic myeloid leukaemia; OR

5. Disease progression (defined as a greater than or equal to 50% increase in peripheral white blood cell count, blast count, basophils or platelets) during imatinib or dasatinib or nilotinib therapy in patients with accelerated phase or blast crisis chronic myeloid leukaemia.

Accelerated phase is defined by the presence of 1 or more of the following:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 15% but less than 30%; or

2. Percentage of blasts plus promyelocytes in the peripheral blood or bone marrow greater than or equal to 30%, provided that blast count is less than 30%; or

3. Peripheral basophils greater than or equal to 20%; or

4. Progressive splenomegaly to a size greater than or equal to 10 cm below the left costal margin to be confirmed on 2 occasions at least 4 weeks apart, or a greater than or equal to 50% increase in size below the left costal margin over 4 weeks; or

5. Karyotypic evolution (chromosomal abnormalities in addition to a single Philadelphia chromosome).

Blast crisis is defined as either:

1. Percentage of blasts in the peripheral blood or bone marrow greater than or equal to 30%; or

2. Extramedullary involvement other than spleen and liver.

The authority application must be made in writing and must include:

1. a completed authority prescription form; and

2. a completed Chronic Myeloid Leukaemia - ponatinib Initial PBS authority application form; and

3. a bone marrow biopsy pathology report demonstrating the patient has active chronic myeloid leukaemia, either manifest as cytogenetic evidence of the Philadelphia chromosome, or RT-PCR level of BCR-ABL transcript greater than 0.1% on the international scale and evidence of the T315I mutation. (The date of the relevant pathology report(s) need to be provided); and

4. where there has been a loss of response to imatinib or dasatinib or nilotinib, a copy of the current confirming pathology report(s) from an Approved Pathology Authority or details of the dates of assessment in the case of progressive splenomegaly or extramedullary involvement.

Up to a maximum of 18 months of treatment may be authorised under this initial restriction.

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received initial PBS subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have demonstrated a major cytogenetic response; OR
- Patient must have demonstrated a peripheral blood level of BCR-ABL of less than 1%.

First continuing applications for authorisation must be in writing and must include:

1. a completed authority prescription form; and
2. a completed Chronic Myeloid Leukaemia Continuing PBS authority application Supporting information form; and
3. demonstration of continued response to treatment as evidenced by either:

(a) major cytogenetic response [see Note explaining definitions of response]; or

(b) a peripheral blood level of BCR-ABL of less than 1% on the international scale [see Note explaining definitions of response].

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic Myeloid Leukaemia (CML)

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have maintained a major cytogenic response at 12 month intervals; OR
- Patient must have maintained a peripheral blood level of BCR-ABL of less than 1% at 12 month intervals.

ponatinib 45 mg tablet, 30

10530F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	6172.87	41.30	Iclusig [TK]

ponatinib 15 mg tablet, 60

10520Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5489.40	41.30	Iclusig [TK]

Epidermal growth factor receptor (EGFR) tyrosine kinase inhibitors

▪ AFATINIB

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must not have received previous PBS-subsidised treatment with another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI); OR
- Patient must have developed intolerance to another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material.

afatinib 30 mg tablet, 28

11341X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2885.22	41.30	Giotrif [BY]

afatinib 20 mg tablet, 28

11335N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2885.22	41.30	Giotrif [BY]

afatinib 40 mg tablet, 28

11359W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2885.22	41.30	Giotrif [BY]

afatinib 50 mg tablet, 28

11329G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2885.22	41.30	Giotrif [BY]

▪ AFATINIB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7613

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease while receiving PBS-subsidised treatment with this drug for this condition.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material.

afatinib 30 mg tablet, 28

11348G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2885.22	41.30	Giotrif [BY]

afatinib 20 mg tablet, 28

11336P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2885.22	41.30	Giotrif [BY]

afatinib 40 mg tablet, 28

11347F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2885.22	41.30	Giotrif [BY]

afatinib 50 mg tablet, 28

11342Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	2885.22	41.30	Giotrif [BY]

▪ ERLOTINIB

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must not have received previous PBS-subsidised treatment with another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI); OR
- Patient must have developed intolerance to another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material.

erlotinib 150 mg tablet, 30

10014C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	932.97	41.30	[a] Erlotinib APOTEX [TX]	[a] Erlotinib Sandoz [SZ]

erlotinib 25 mg tablet, 30

10022L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	215.18	41.30	[a] Erlotinib APOTEX [TX]	[a] Erlotinib Sandoz [SZ]

erlotinib 100 mg tablet, 30

10020J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	762.38	41.30	[a] Erlotinib APOTEX [TX]	[a] Erlotinib Sandoz [SZ]

▪ ERLOTINIB

Authority required (STREAMLINED)

4600

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously been issued with an authority prescription for this drug prior to 1 August 2014, **AND**
- Patient must not have progressive disease.

Population criteria:

- Patient must have a wild type epidermal growth factor receptor (EGFR) gene; OR
- Patient must have an epidermal growth factor receptor (EGFR) gene of unknown type.

erlotinib 150 mg tablet, 30

10025P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	932.97	41.30	[a] Erlotinib APOTEX [TX]	[a] Erlotinib Sandoz [SZ]

erlotinib 25 mg tablet, 30

10028T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	215.18	41.30	[a] Erlotinib APOTEX [TX]	[a] Erlotinib Sandoz [SZ]

erlotinib 100 mg tablet, 30

10019H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	762.38	41.30	[a] Erlotinib APOTEX [TX]	[a] Erlotinib Sandoz [SZ]

▪ ERLOTINIB

Authority required (STREAMLINED)

7446

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must not have progressive disease.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material.

erlotinib 150 mg tablet, 30

11259N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	932.97	41.30	[a] Erlotinib APOTEX [TX]	[a] Erlotinib Sandoz [SZ]

erlotinib 25 mg tablet, 30

11263T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	215.18	41.30	[a] Erlotinib APOTEX [TX]	[a] Erlotinib Sandoz [SZ]

erlotinib 100 mg tablet, 30

11260P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	762.38	41.30	[a] Erlotinib APOTEX [TX]	[a] Erlotinib Sandoz [SZ]

▪ GEFITINIB

Authority required (STREAMLINED)

7447

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must not have progressive disease.

gefitinib 250 mg tablet, 30

11264W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	926.67	41.30	[a] Cipla Gefitinib [LR]	[a] Iressa [AP]

▪ GEFITINIB

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must not have received previous PBS-subsidised treatment with another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI); OR
- Patient must have developed intolerance to another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors in tumour material.

gefitinib 250 mg tablet, 30

8769M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	926.67	41.30	[a] Cipla Gefitinib [LR]	[a] Iressa [AP]

▪ OSIMERTINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment of second-line EGFR tyrosine kinase inhibitor therapy

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing continuing treatment with this drug as second-line therapy (i.e. there are 2 Continuing treatment listings for this drug - ensure the correct Continuing treatment restriction is being accessed).

osimertinib 40 mg tablet, 30

11620N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7971.22	41.30	Tagrisso [AP]

▪ OSIMERTINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment as second-line EGFR tyrosine kinase inhibitor therapy

Clinical criteria:

- Patient must not have previously received this drug for this condition, **AND**
- The treatment must be as monotherapy, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The condition must have progressed on or after prior epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) therapy as first line treatment for this condition, **AND**
- Patient must have evidence of EGFR T790M mutation in tumour material at the point of progression on or after first line EGFR TKI treatment.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment of second-line EGFR tyrosine kinase inhibitor therapy

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing continuing treatment with this drug as second-line therapy (i.e. there are 2 Continuing treatment listings for this drug - ensure the correct Continuing treatment restriction is being accessed).

osimertinib 80 mg tablet, 30

11622Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7971.22	41.30	Tagrisso [AP]

▪ OSIMERTINIB

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment of first-line EGFR tyrosine kinase inhibitor therapy

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing continuing treatment with this drug as first-line therapy (i.e. there are 2 Continuing treatment listings for this drug - ensure the correct Continuing treatment restriction is being accessed).

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply as first-line EGFR tyrosine kinase inhibitor therapy - 'Grandfather' treatment

Clinical criteria:

- Patient must have received non-PBS subsidised treatment with this drug as first-line EGFR tyrosine kinase inhibitor therapy for this PBS indication prior to 1 January 2021, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have had a WHO performance status of 2 or less prior to initiating non-PBS-subsidised treatment, **AND**
- Patient must not have developed disease progression while receiving non-PBS-subsidised treatment with this drug for this condition.

Population criteria:

- Patient must have evidence in tumour material of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors that was obtained prior to initiating non-PBS subsidised treatment.

A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the continuing treatment criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

osimertinib 40 mg tablet, 30

12233W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7971.22	41.30	Tagrisso [AP]

▪ OSIMERTINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment as first-line epidermal growth factor receptor tyrosine kinase inhibitor therapy

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have received previous PBS-subsidised treatment with another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI); OR
- Patient must have developed intolerance to another epidermal growth factor receptor (EGFR) tyrosine kinase inhibitor (TKI) of a severity necessitating permanent treatment withdrawal.

Population criteria:

- Patient must have evidence in tumour material of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment of first-line EGFR tyrosine kinase inhibitor therapy

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

Treatment criteria:

- Patient must be undergoing continuing treatment with this drug as first-line therapy (i.e. there are 2 Continuing treatment listings for this drug - ensure the correct Continuing treatment restriction is being accessed).

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply as first-line EGFR tyrosine kinase inhibitor therapy - 'Grandfather' treatment

Clinical criteria:

- Patient must have received non-PBS subsidised treatment with this drug as first-line EGFR tyrosine kinase inhibitor therapy for this PBS indication prior to 1 January 2021, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have had a WHO performance status of 2 or less prior to initiating non-PBS-subsidised treatment, **AND**
- Patient must not have developed disease progression while receiving non-PBS-subsidised treatment with this drug for this condition.

Population criteria:

- Patient must have evidence in tumour material of an activating epidermal growth factor receptor (EGFR) gene mutation known to confer sensitivity to treatment with EGFR tyrosine kinase inhibitors that was obtained prior to initiating non-PBS subsidised treatment.

A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the continuing treatment criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

osimertinib 80 mg tablet, 30

12232T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7971.22	41.30	Tagrisso [AP]

B-Raf serine-threonine kinase (BRAF) inhibitors

▪ DABRAFENIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be adjuvant to complete surgical resection, **AND**
- The condition must be positive for a BRAF V600 mutation, **AND**
- Patient must have a WHO performance status of 1 or less, **AND**
- Patient must be receiving PBS-subsidised trametinib and dabrafenib concomitantly for this condition, **AND**
- Patient must not have received prior PBS-subsidised treatment for this condition, **AND**
- The treatment must commence within 12 weeks of complete resection, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

Authority required

Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for trametinib and dabrafenib concomitantly for adjuvant treatment following complete surgical resection, **AND**
- Patient must not have experienced disease recurrence, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

dabrafenib 50 mg capsule, 120

11820D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	5070.16	41.30	Tafinlar [NV]

dabrafenib 75 mg capsule, 120

11823G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	7524.62	41.30	Tafinlar [NV]

▪ DABRAFENIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.
Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

Authority required (STREAMLINED)

10157

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must not have been treated previously with PBS-subsidised BRAF inhibitor therapy for unresectable Stage III or Stage IV disease; OR
- Patient must have developed intolerance to other BRAF inhibitors of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not have experienced disease progression whilst on adjuvant BRAF inhibitor treatment or disease recurrence within 6 months of completion of adjuvant BRAF inhibitor with MEK inhibitor treatment if previously treated for resected Stage IIIB, IIIC or IIID melanoma, **AND**
- Patient must have a WHO performance status of 2 or less.

dabrafenib 50 mg capsule, 120

2963Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	5070.16	41.30	Tafinlar [NV]

dabrafenib 75 mg capsule, 120

2846T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	7524.62	41.30	Tafinlar [NV]

▪ DABRAFENIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.
Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6013

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have stable or responding disease.

dabrafenib 50 mg capsule, 120

2954L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5070.16	41.30	Tafinlar [NV]

dabrafenib 75 mg capsule, 120

10003L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7524.62	41.30	Tafinlar [NV]

▪ ENCORAFENIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.
Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

Authority required (STREAMLINED)

10271

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must not have been treated previously with PBS-subsidised BRAF inhibitor therapy for unresectable Stage III or Stage IV disease; OR

- Patient must have developed intolerance to other BRAF inhibitors of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not have experienced disease progression whilst on adjuvant BRAF inhibitor treatment or disease recurrence within 6 months of completion of adjuvant BRAF inhibitor with MEK inhibitor treatment if previously treated for resected Stage IIIB, IIIC or IIID melanoma, **AND**
- Patient must have a WHO performance status of 2 or less.

encorafenib 75 mg capsule, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11938H	4	3	..	*7033.78	41.30	Braftovi [FB]

encorafenib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11937G	9	3	..	*7033.72	41.30	Braftovi [FB]

▪ ENCORAFENIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.
Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.
Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

Authority required (STREAMLINED)
6013
Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have stable or responding disease.

encorafenib 75 mg capsule, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11949X	4	5	..	*7033.78	41.30	Braftovi [FB]

encorafenib 50 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11954E	9	5	..	*7033.72	41.30	Braftovi [FB]

▪ VEMURAFENIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.
Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.

Authority required (STREAMLINED)
10157
Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Initial treatment
Clinical criteria:

- The condition must be positive for a BRAF V600 mutation, **AND**
- The condition must not have been treated previously with PBS-subsidised BRAF inhibitor therapy for unresectable Stage III or Stage IV disease; OR
- Patient must have developed intolerance to other BRAF inhibitors of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not have experienced disease progression whilst on adjuvant BRAF inhibitor treatment or disease recurrence within 6 months of completion of adjuvant BRAF inhibitor with MEK inhibitor treatment if previously treated for resected Stage IIIB, IIIC or IIID melanoma, **AND**
- Patient must have a WHO performance status of 2 or less.

vemurafenib 240 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11076Y	4	3	..	*7033.78	41.30	Zelboraf [RO]

▪ VEMURAFENIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note A patient who has had progressive disease when treated with another BRAF inhibitor is not eligible to receive PBS-subsidised treatment with this drug.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6013

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have stable or responding disease.

vemurafenib 240 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11081F	4	5	..	*7033.78	41.30	Zelboraf [RO]

Anaplastic lymphoma kinase (ALK) inhibitors

▪ ALECTINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.
Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

alectinib 150 mg capsule, 4 x 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11226W	1	3	..	6814.30	41.30	Alecensa [RO]

▪ BRIGATINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

brigatinib 180 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11984R	1	3	..	6814.30	41.30	Alunbrig [TK]

brigatinib 30 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11980M	4	3	..	*6814.34	41.30	Alunbrig [TK]

brigatinib 90 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11974F	1	3	..	6814.30	41.30	Alunbrig [TK]

▪ BRIGATINIB

Caution Careful monitoring of patients is required due to risk of developing pulmonary adverse events observed in patients within the first seven days of treatment with this drug. Patients must be instructed to report any new or worsening respiratory symptoms.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing.

brigatinib 90 mg tablet [7] (&) brigatinib 180 mg tablet [21], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11976H	‡1	..	..	6814.30	41.30	Alunbrig [TK]

▪ CERITINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

ceritinib 150 mg capsule, 3 x 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11056X	1	3	..	7289.52	41.30	Zykadia [NV]

▪ CRIZOTINIB

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less.

Population criteria:

- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement in tumour material, defined as 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Non-Small-Cell Lung Cancer Authority Application - Supporting Information Form.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

crizotinib 200 mg capsule, 60

10323H

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1		3	..	6933.11	41.30	Xalkori [PF]

crizotinib 250 mg capsule, 60

10322G

Max.Qty	Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1		3	..	6933.11	41.30	Xalkori [PF]

▪ CRIZOTINIB

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material, defined as 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing, **AND**
- Patient must not have received prior treatment with a c-ROS proto-oncogene 1 (ROS1) receptor tyrosine kinase inhibitor for this condition; OR
- Patient must have developed intolerance to a c-ROS proto-oncogene 1 (ROS1) receptor tyrosine kinase inhibitor necessitating permanent treatment withdrawal.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Non-Small-Cell Lung Cancer Authority Application - Supporting Information Form.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

crizotinib 200 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11589Y	1	3	..	6933.11	41.30	Xalkori [PF]

crizotinib 250 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11594F	1	3	..	6933.11	41.30	Xalkori [PF]

▪ LORLATINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The condition must have progressed following treatment with an anaplastic lymphoma kinase (ALK) inhibitor other than crizotinib.

Population criteria:

- Patient must have evidence of an anaplastic lymphoma kinase (ALK) gene rearrangement.

Authority required

Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

lorlatinib 25 mg tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12096P	1	3	..	7289.52	41.30	Lorviqua [PF]

lorlatinib 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12091J	1	3	..	7289.52	41.30	Lorviqua [PF]

Mitogen-activated protein kinase (MEK) inhibitors

▪ BINIMETINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10328

Unresectable Stage III or Stage IV malignant melanoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be receiving PBS-subsidised encorafenib concomitantly for this condition.

binimetinib 15 mg tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11948W	2	3	..	*7395.44	41.30	Mektovi [FB]

▪ BINIMETINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.
Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Authority required (STREAMLINED)

10306

Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must be receiving PBS-subsidised encorafenib concomitantly for this condition, **AND**
- Patient must have stable or responding disease.

binimetinib 15 mg tablet, 84

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11961M	2	5	..	*7395.44	41.30	Mektovi [FB]

▪ COBIMETINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10033

Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must be receiving PBS subsidised vemurafenib concomitantly for this condition.

cobimetinib 20 mg tablet, 63

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11074W	1	3	..	7395.44	41.30	Cotellic [RO]

▪ COBIMETINIB

Note A patient who has had progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6803

Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must be receiving PBS-subsidised vemurafenib concomitantly for this condition, **AND**
- Patient must have stable or responding disease.

cobimetinib 20 mg tablet, 63

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11075X	1	5	..	7395.44	41.30	Cotellic [RO]

▪ TRAMETINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10051

Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Initial treatment
Clinical criteria:

- Patient must be receiving PBS-subsidised dabrafenib concomitantly for this condition.

trametinib 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10382K	1	3	..	7524.62	41.30	Mekinist [NV]

trametinib 500 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10403M	3	3	..	*5683.78	41.30	Mekinist [NV]

▪ TRAMETINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required
Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma
Treatment Phase: Initial treatment
Clinical criteria:

- The treatment must be adjuvant to complete surgical resection, **AND**
- The condition must be positive for a BRAF V600 mutation, **AND**
- Patient must have a WHO performance status of 1 or less, **AND**
- Patient must be receiving PBS-subsidised trametinib and dabrafenib concomitantly for this condition, **AND**
- Patient must not have received prior PBS-subsidised treatment for this condition, **AND**
- The treatment must commence within 12 weeks of complete resection, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

Authority required
Resected Stage IIIB, Stage IIIC or Stage IIID malignant melanoma
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously been issued with an authority prescription for trametinib and dabrafenib concomitantly for adjuvant treatment following complete surgical resection, **AND**
- Patient must not have experienced disease recurrence, **AND**
- Patient must not receive more than 12 months of combined PBS-subsidised and non-PBS-subsidised adjuvant therapy.

trametinib 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11819C	1	3	..	7524.62	41.30	Mekinist [NV]

trametinib 500 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11821E	3	3	..	*5683.78	41.30	Mekinist [NV]

▪ TRAMETINIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)
6752
Unresectable Stage III or Stage IV malignant melanoma
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must be receiving PBS-subsidised dabrafenib concomitantly for this condition, **AND**
- Patient must have stable or responding disease.

trametinib 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10405P	1	5	..	7524.62	41.30	Mekinist [NV]

trametinib 500 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10385N	3	5	..	*5683.78	41.30	Mekinist [NV]

Cyclin-dependent kinase (CDK) inhibitors

▪ ABEMACICLIB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors for the purposes of this restriction are abemaciclib, palbociclib and ribociclib.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy; OR
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination, where the patient has never been treated with endocrine therapy for advanced/metastatic disease, with one of: (i) anastrozole, (ii) letrozole, (iii) fulvestrant; OR
- The treatment must be in combination, where the patient has recurrence/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, with fulvestrant only, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy.

Population criteria:

- Patient must not be premenopausal.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must be in combination with one of: (i) anastrozole, (ii) letrozole, (iii) fulvestrant, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy.

Population criteria:

- Patient must not be premenopausal.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements

Clinical criteria:

- Patient must have received treatment with this drug for this PBS indication prior to 1 November 2021, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- Patient must have been untreated with cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy at the time non-PBS supply was initiated; OR
- Patient must have developed an intolerance to another CDK4/6 inhibitor therapy (other than this drug) of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have had a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score no higher than 2 at the time of non-PBS supply was initiated, **AND**
- The treatment must be in combination with one of: (i) anastrozole, (ii) letrozole, (iii) fulvestrant, where the patient had never been treated with endocrine therapy for advanced/metastatic disease at the time non-PBS supply was initiated; OR
- The treatment must be in combination with fulvestrant only, where at the time non-PBS supply was initiated, the patient had recurrent/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, **AND**
- The treatment must not be in combination with another cyclin-dependent kinase 4/6 (CDK4/6) inhibitor therapy.

Population criteria:

- Patient must not be premenopausal.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

abemaciclib 50 mg tablet, 56

11876C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4249.07	41.30	Verzenio [LY]

abemaciclib 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11868P	1	5	..	4249.07	41.30	Verzenio [LY]

abemaciclib 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11871T	1	5	..	4249.07	41.30	Verzenio [LY]

▪ PALBOCICLIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have previously been treated with an aromatase inhibitor for advanced or metastatic breast cancer, **AND**
- Patient must not have previously been treated with abemaciclib or ribociclib; OR
- Patient must have developed an intolerance to abemaciclib or ribociclib of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination with anastrozole or letrozole, **AND**
- The treatment must not be in combination with abemaciclib or ribociclib.

Population criteria:

- Patient must not be premenopausal.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving treatment with this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be in combination with anastrozole or letrozole, **AND**
- The treatment must not be in combination with abemaciclib or ribociclib.

Population criteria:

- Patient must not be premenopausal.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

palbociclib 125 mg capsule, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11698Q	1	5	..	4249.07	41.30	Ibrance [PF]

palbociclib 75 mg capsule, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11699R	1	5	..	4249.07	41.30	Ibrance [PF]

palbociclib 100 mg capsule, 21

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11700T	1	5	..	4249.07	41.30	Ibrance [PF]

▪ RIBOCICLIB

Caution QT interval monitoring is required for patients treated with this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be untreated with each of: (i) abemaciclib, (ii) palbociclib, (iii) ribociclib; OR
- Patient must have developed an intolerance to abemaciclib or palbociclib of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination, where the patient has never been treated with endocrine therapy for advanced/metastatic disease, with one of: (i) anastrozole, (ii) letrozole, (iii) fulvestrant; OR
- The treatment must be in combination, where the patient has recurrence/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, with fulvestrant only, **AND**
- The treatment must not be in combination with abemaciclib or palbociclib, **AND**
- Patient must require dosage reduction requiring a pack of 21 tablets.

Population criteria:

- Patient must not be premenopausal.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must be in combination with one of: (i) anastrozole, (ii) letrozole, (iii) fulvestrant, **AND**
- The treatment must not be in combination with abemaciclib or palbociclib, **AND**
- Patient must require dosage reduction requiring a pack of 21 tablets.

Population criteria:

- Patient must not be premenopausal.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply - 'Grandfather' treatment

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this PBS indication prior to 1 April 2021, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- Patient must have been untreated with each of: (i) abemaciclib, (ii) palbociclib, (iii) ribociclib, at the time non-PBS supply was initiated; OR
- Patient must have developed an intolerance to abemaciclib or palbociclib of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have had a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score no higher than 2 at the time of non-PBS supply was initiated, **AND**
- The treatment must be in combination with one of: (i) anastrozole, (ii) letrozole, (iii) fulvestrant, where the patient had never been treated with endocrine therapy for advanced/metastatic disease at the time non-PBS supply was initiated; OR
- The treatment must be in combination with fulvestrant only, where at the time non-PBS supply was initiated, the patient had recurrent/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, **AND**
- The treatment must not be in combination with abemaciclib or palbociclib, **AND**
- Patient must require dosage reduction requiring a pack of 21 tablets.

Population criteria:

- Patient must not be premenopausal.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

ribociclib 200 mg tablet, 21

11385F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1939.93	41.30	Kisqali [NV]

▪ RIBOCICLIB

Caution QT interval monitoring is required for patients treated with this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be untreated with each of: (i) abemaciclib, (ii) palbociclib, (iii) ribociclib; OR
- Patient must have developed an intolerance to abemaciclib or palbociclib of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination, where the patient has never been treated with endocrine therapy for advanced/metastatic disease, with one of: (i) anastrozole, (ii) letrozole, (iii) fulvestrant; OR
- The treatment must be in combination, where the patient has recurrence/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, with fulvestrant only, **AND**
- The treatment must not be in combination with abemaciclib or palbociclib.

Population criteria:

- Patient must not be premenopausal.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must be in combination with one of: (i) anastrozole, (ii) letrozole, (iii) fulvestrant, **AND**
- The treatment must not be in combination with abemaciclib or palbociclib.

Population criteria:

- Patient must not be premenopausal.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply - 'Grandfather' treatment

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this PBS indication prior to 1 April 2021, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- Patient must have been untreated with each of: (i) abemaciclib, (ii) palbociclib, (iii) ribociclib, at the time non-PBS supply was initiated; OR
- Patient must have developed an intolerance to abemaciclib or palbociclib of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have had a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score no higher than 2 at the time of non-PBS supply was initiated, **AND**
- The treatment must be in combination with one of: (i) anastrozole, (ii) letrozole, (iii) fulvestrant, where the patient had never been treated with endocrine therapy for advanced/metastatic disease at the time non-PBS supply was initiated; OR
- The treatment must be in combination with fulvestrant only, where at the time non-PBS supply was initiated, the patient had recurrent/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, **AND**
- The treatment must not be in combination with abemaciclib or palbociclib.

Population criteria:

- Patient must not be premenopausal.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

ribociclib 200 mg tablet, 63

11386G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5521.23	41.30	Kisqali [NV]

▪ RIBOCICLIB

Caution QT interval monitoring is required for patients treated with this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be untreated with each of: (i) abemaciclib, (ii) palbociclib, (iii) ribociclib; OR
- Patient must have developed an intolerance to abemaciclib or palbociclib of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score of 2 or less, **AND**
- The treatment must be in combination, where the patient has never been treated with endocrine therapy for advanced/metastatic disease, with one of: (i) anastrozole, (ii) letrozole, (iii) fulvestrant; OR
- The treatment must be in combination, where the patient has recurrence/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, with fulvestrant only, **AND**
- The treatment must not be in combination with abemaciclib or palbociclib, **AND**
- Patient must require dosage reduction requiring a pack of 42 tablets.

Population criteria:

- Patient must not be premenopausal.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- The treatment must be in combination with one of: (i) anastrozole, (ii) letrozole, (iii) fulvestrant, **AND**
- The treatment must not be in combination with abemaciclib or palbociclib, **AND**
- Patient must require dosage reduction requiring a pack of 42 tablets.

Population criteria:

- Patient must not be premenopausal.

Authority required

Locally advanced or metastatic breast cancer

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply - 'Grandfather' treatment

Clinical criteria:

- Patient must have received non-PBS-subsidised treatment with this drug for this PBS indication prior to 1 April 2021, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition, **AND**
- Patient must have been untreated with each of: (i) abemaciclib, (ii) palbociclib, (iii) ribociclib, at the time non-PBS supply was initiated; OR
- Patient must have developed an intolerance to abemaciclib or palbociclib of a severity necessitating permanent treatment withdrawal, **AND**
- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable, **AND**
- Patient must have had a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score no higher than 2 at the time of non-PBS supply was initiated, **AND**
- The treatment must be in combination with one of: (i) anastrozole, (ii) letrozole, (iii) fulvestrant, where the patient had never been treated with endocrine therapy for advanced/metastatic disease at the time non-PBS supply was initiated; OR
- The treatment must be in combination with fulvestrant only, where at the time non-PBS supply was initiated, the patient had recurrent/progressive disease despite being treated with endocrine therapy for advanced/metastatic disease, **AND**
- The treatment must not be in combination with abemaciclib or palbociclib, **AND**
- Patient must require dosage reduction requiring a pack of 42 tablets.

Population criteria:

- Patient must not be premenopausal.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

ribociclib 200 mg tablet, 42

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11397W	1	5	..	3734.56	41.30	Kisqali [NV]

Mammalian target of rapamycin (mTOR) kinase inhibitors

▪ EVEROLIMUS

Authority required (STREAMLINED)

7431

Tuberous sclerosis complex (TSC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; OR
- The condition must be visceral tumours associated with TSC, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have demonstrated a response to prior treatment.

everolimus 5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11254H	1	5	..	900.46	41.30	Afinitor [NV]

everolimus 10 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11267B	1	5	..	1737.00	41.30	Afinitor [NV]

everolimus 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11258M	1	5	..	456.81	41.30	Afinitor [NV]

▪ EVEROLIMUS

Authority required

Tuberous sclerosis complex (TSC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; OR
- The condition must be visceral tumours associated with TSC, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not be a candidate for curative surgical resection.

everolimus 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2818H	1	5	..	456.81	41.30	Afinitor [NV]

▪ EVEROLIMUS

Note No increase in the maximum number of repeats may be authorised.

Authority required

Refractory seizures associated with tuberous sclerosis complex

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a confirmed diagnosis of tuberous sclerosis complex (TSC), **AND**
- Patient must be experiencing a minimum of two partial-onset seizures per week, **AND**
- The condition must have failed to be controlled satisfactorily at stable doses of at least two anti-epileptic drugs, **AND**
- The treatment must be in combination with at least one anti-epileptic drug, **AND**
- Patient must not be a candidate for curative surgery.

Population criteria:

- Patient must be at least 2 years of age.

everolimus 5 mg dispersible tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11592D	1	5	..	900.25	41.30	Afinitor [NV]

everolimus 3 mg dispersible tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11599L	1	5	..	546.61	41.30	Afinitor [NV]

everolimus 2 mg dispersible tablet, 30

11591C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	366.77	41.30	Afinitor [NV]

▪ EVEROLIMUS

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

8262

Refractory seizures associated with tuberous sclerosis complex

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have maintained a response to the PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with at least one anti-epileptic drug, **AND**
- Patient must not be a candidate for curative surgery.

everolimus 5 mg dispersible tablet, 30

11598K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	900.25	41.30	Afinitor [NV]

everolimus 3 mg dispersible tablet, 30

11608Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	546.61	41.30	Afinitor [NV]

everolimus 2 mg dispersible tablet, 30

11607X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	366.77	41.30	Afinitor [NV]

▪ EVEROLIMUS

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must not have disease progression, **AND**
- The treatment must be as monotherapy.

Patients who have progressive disease with this drug are no longer eligible for PBS-subsidised treatment with this drug.

everolimus 5 mg tablet, 30

10131F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	900.46	41.30	[a] Afinitor [NV]	[a] Everolimus Sandoz [SZ]

everolimus 10 mg tablet, 30

10135K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1737.00	41.30	[a] Afinitor [NV]	[a] Everolimus Sandoz [SZ]

▪ EVEROLIMUS

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be symptomatic (despite somatostatin analogues); OR
- Patient must have disease progression, **AND**
- The treatment must be as monotherapy.

Disease progression must be documented in the patient's medical records.

Patients who have developed progressive disease on sunitinib are not eligible to receive PBS-subsidised everolimus.

Patients who have developed intolerance to sunitinib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised everolimus.

everolimus 5 mg tablet, 30

11362B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	900.46	41.30	[a] Afinitor [NV]	[a] Everolimus Sandoz [SZ]

everolimus 10 mg tablet, 30

11377T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1737.00	41.30	[a] Afinitor [NV]	[a] Everolimus Sandoz [SZ]

▪ EVEROLIMUS

Authority required

Tuberous sclerosis complex (TSC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be subependymal giant cell astrocytomas (SEGAs) associated with TSC; OR
- The condition must be visceral tumours associated with TSC, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not be a candidate for curative surgical resection.

Authority required

Metastatic (Stage IV) breast cancer

Clinical criteria:

- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must have acquired endocrine resistance as demonstrated by initial response and then recurrence or progression of disease after treatment with letrozole or anastrozole, **AND**
- The treatment must be in combination with exemestane.

Population criteria:

- Patient must not be pre-menopausal.

Note Patients who have progressive disease with everolimus are no longer eligible for PBS-subsidised everolimus.

everolimus 5 mg tablet, 30

2819J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	900.46	41.30	Afinitor [NV]

everolimus 10 mg tablet, 30

2985D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1737.00	41.30	Afinitor [NV]

▪ EVEROLIMUS

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Authority required

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patients who have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised everolimus.

Patients who have progressive disease with everolimus are no longer eligible for PBS-subsidised everolimus.

everolimus 5 mg tablet, 30

10133H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	900.46	41.30	Afinitor [NV]

everolimus 10 mg tablet, 30

10132G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1737.00	41.30	Afinitor [NV]

▪ EVEROLIMUS

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

7432

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

everolimus 5 mg tablet, 30

11257L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	900.46	41.30	Afinitor [NV]

everolimus 10 mg tablet, 30

11262R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1737.00	41.30	Afinitor [NV]

Human epidermal growth factor receptor 2 (HER2) tyrosine kinase inhibitors

▪ LAPATINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

9360

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- The treatment must be in combination with capecitabine, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised anti-HER2 therapy for this condition, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

The treatment must not exceed a lifetime total of one continuous course.

lapatinib 250 mg tablet, 70

11251E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*2932.36	41.30	Tykerb [NV]

▪ LAPATINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have evidence of human epidermal growth factor receptor 2 (HER2) gene amplification as demonstrated by in situ hybridisation (ISH) either in the primary tumour or a metastatic lesion, **AND**
- The treatment must be in combination with capecitabine, **AND**

- Patient must have received prior therapy with a taxane for at least 3 cycles; and experienced disease progression during or within 6 months of completing treatment with pertuzumab and trastuzumab in combination; OR
- Patient must have developed intolerance to treatment with a taxane of a severity necessitating permanent treatment withdrawal; and experienced disease progression during or within 6 months of completing treatment with pertuzumab and trastuzumab in combination; OR
- Patient must have experienced disease progression following treatment with trastuzumab emtansine in whom disease had relapsed during or within 6 months of completing prior adjuvant therapy with trastuzumab; OR
- Patient must have experienced disease relapsed during or within 6 months of completing prior adjuvant therapy with trastuzumab, **AND**
- The treatment must be the sole PBS-subsidised anti-HER2 therapy for this condition, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

Authority applications for initial treatment must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Late stage metastatic breast cancer Initial PBS authority application form which includes:

(i) details of the pathology report from an Approved Pathology Authority confirming evidence of HER2 gene amplification in the primary tumour or a metastatic lesion by in situ hybridisation (ISH); and

(ii) date of last treatment with a taxane and total number of cycles; or

(iii) dates of treatment with trastuzumab and pertuzumab; or

(iv) date of demonstration of progression during or within 6 months of completing treatment with trastuzumab and pertuzumab; or

(v) date of demonstration of progression during or within 6 months of completing treatment with trastuzumab.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to seeking the initial authority approval.

lapatinib 250 mg tablet, 70

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9148L	2	2	..	*2932.36	41.30	Tykerb [NV]

Janus-associated kinase (JAK) inhibitors

▪ RUXOLITINIB

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) OR the Dynamic International Prognostic Scoring System (DIPSS) OR the Age-Adjusted DIPSS.

Note Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note No increase in the maximum quantity may be authorised for the 15 mg and 20 mg dose strengths.

Note Special Pricing Arrangements apply.

Authority required

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be primary myelofibrosis or post-polycythemia vera myelofibrosis or post-essential thrombocythemia myelofibrosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Authority required

Intermediate-1 risk myelofibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be primary myelofibrosis or post-polycythemia vera myelofibrosis or post-essential thrombocythemia myelofibrosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

ruxolitinib 15 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10615Q	1	5	..	4911.22	41.30	Jakavi [NV]

ruxolitinib 10 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10927D	1	5	..	4911.22	41.30	Jakavi [NV]

ruxolitinib 5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10616R	2	5	..	*4911.22	41.30	Jakavi [NV]

ruxolitinib 20 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10617T	1	5	..	4911.22	41.30	Jakavi [NV]

▪ RUXOLITINIB

Note Risk of myelofibrosis is defined in accordance with the Myelofibrosis International Prognostic Scoring System (IPSS) OR the Dynamic International Prognostic Scoring System (DIPSS) OR the Age-Adjusted DIPSS.

Note No increase in the maximum quantity may be authorised for the 15 mg and 20 mg dose strengths.

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

High risk and intermediate-2 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be primary myelofibrosis or post-polycythemia vera myelofibrosis or post-essential thrombocythemia myelofibrosis.

The authority application must be made in writing and must include:

(1) A completed authority prescription form; and

(2) A completed Myelofibrosis Authority Application Supporting Information Form, which includes all of the following:

(a) A copy of the bone marrow biopsy report confirming diagnosis of myelofibrosis; and

(b) A classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS.

Authority required

Intermediate-1 risk myelofibrosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be primary myelofibrosis or post-polycythemia vera myelofibrosis or post-essential thrombocythemia myelofibrosis, **AND**
- Patient must have severe disease-related symptoms that are resistant, refractory or intolerant to available therapy.

The authority application must be made in writing and must include:

(1) A completed authority prescription form; and

(2) A completed Myelofibrosis Authority Application Supporting Information Form, which includes all of the following:

a) A copy of the bone marrow biopsy report confirming diagnosis of myelofibrosis;

b) A classification of risk of myelofibrosis according to either the IPSS, DIPSS, or the Age-Adjusted DIPSS; and

c) A confirmation that the patient's disease related symptoms are resistant, refractory or intolerant to available therapy.

ruxolitinib 15 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10619X	1	..	..	4911.22	41.30	Jakavi [NV]

ruxolitinib 10 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10913J	1	..	..	4911.22	41.30	Jakavi [NV]

ruxolitinib 5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10614P	2	..	..	*4911.22	41.30	Jakavi [NV]

ruxolitinib 20 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10618W	1	..	..	4911.22	41.30	Jakavi [NV]

Vascular endothelial growth factor receptor (VEGFR) tyrosine kinase inhibitors

▪ AXITINIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7433

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prescribers may request an increased maximum quantity sufficient to provide up to one month's supply for patients who require dose adjustment.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

axitinib 1 mg tablet, 28

10539Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1069.40	41.30	Inlyta [PF]

axitinib 5 mg tablet, 28

10556N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*4949.22	41.30	Inlyta [PF]

▪ AXITINIB

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.
Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Authority required

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patients who have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised treatment with this drug.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Prescribers may request an increased maximum quantity sufficient to provide up to one month's supply for patients who require dose adjustment.

axitinib 1 mg tablet, 28

10572K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*1069.40	41.30	Inlyta [PF]

axitinib 5 mg tablet, 28

10540R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*4949.22	41.30	Inlyta [PF]

Bruton's tyrosine kinase (BTK) inhibitors

▪ ACALABRUTINIB

Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.
Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Relapsed or refractory chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The condition must have relapsed or be refractory to at least one prior therapy, **AND**

- Patient must have a WHO performance status of 1 or less, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be considered unsuitable for treatment or retreatment with a purine analogue, **AND**
- Patient must not have received treatment with another Bruton's tyrosine kinase (BTK) inhibitor for any line of treatment of CLL/SLL (untreated or relapsed/refractory disease); OR
- Patient must have developed intolerance to another Bruton's tyrosine kinase (BTK) inhibitor of a severity necessitating permanent treatment withdrawal when being treated for relapsed or refractory CLL/SLL.

A patient is considered unsuitable for treatment or retreatment with a purine analogue as demonstrated by at least one of the following:

a) Failure to respond (stable disease or disease progression on treatment), or a progression-free interval of less than 3 years from treatment with a purine analogue-based therapy and anti-CD20-containing chemoimmunotherapy regimen after at least two cycles;

b) Age is 70 years or older;

c) Age is 65 years or older and the presence of comorbidities (Cumulative Illness Rating Scale of 6 or greater, or creatinine clearance of less than 70 mL/min) that might place the patient at an unacceptable risk for treatment-related toxicity with purine analogue-based therapy, provided they have received one or more prior treatment including at least two cycles of an alkylating agent-based (or purine analogue-based) anti-CD20 antibody-containing chemoimmunotherapy regimen;

d) History of purine analogue-associated autoimmune anaemia or autoimmune thrombocytopenia;

e) Evidence of one or more 17p chromosomal deletions demonstrated by a Medical Benefits Schedule listed test.

Authority required

Relapsed or refractory chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Continuing treatment of relapsed or refractory CLL/SLL

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

acalabrutinib 100 mg capsule, 56

12117R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	8218.96	41.30	Calquence [AP]

▪ IBRUTINIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have received treatment with another Bruton's tyrosine kinase (BTK) inhibitor for any line of treatment of CLL/SLL (untreated or relapsed/refractory disease); OR
- Patient must have developed intolerance to another Bruton's tyrosine kinase (BTK) inhibitor of a severity necessitating permanent treatment withdrawal when being treated for relapsed or refractory CLL/SLL, **AND**
- Patient must be considered unsuitable for treatment or retreatment with a purine analogue.

A patient is considered unsuitable for treatment or retreatment with a purine analogue as demonstrated by at least one of the following:

a) Failure to respond (stable disease or disease progression on treatment), or a progression-free interval of less than 3 years from treatment with a purine analogue-based therapy and anti-CD20-containing chemoimmunotherapy regimen after at least two cycles;

b) Age is 70 years or older;

c) Age is 65 years or older and the presence of comorbidities (Cumulative Illness Rating Scale of 6 or greater, or creatinine clearance of less than 70 mL/min) that might place the patient at an unacceptable risk for treatment-related toxicity with purine analogue-based therapy, provided they have received one or more prior treatment including at least two cycles of an alkylating agent-based (or purine analogue-based) anti-CD20 antibody-containing chemoimmunotherapy regimen;

d) History of purine analogue-associated autoimmune anaemia or autoimmune thrombocytopenia;

e) Evidence of one or more 17p chromosomal deletions demonstrated by fluorescence in situ hybridisation (FISH).

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

ibrutinib 140 mg capsule, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11213E	1	5	..	8794.51	41.30	Imbruvica [JC]

▪ IBRUTINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Mantle cell lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Authority required

Mantle cell lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

ibrutinib 140 mg capsule, 120

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11419B	1	5	..	11672.27	41.30	Imbruvica [JC]

Phosphatidylinositol-3-kinase (Pi3K) inhibitors

▪ IDELALISIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with rituximab for up to a maximum of 8 doses, followed by monotherapy, **AND**
- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- The condition must be CD20 positive, **AND**
- Patient must have a total cumulative illness rating scale (CIRS) score of greater than 6 (excluding CLL-induced illness or organ damage), **AND**
- Patient must be inappropriate for chemo-immunotherapy.

A patient can be considered inappropriate for chemo-immunotherapy when one or more of the following are experienced:

1. Severe neutropenia defined as absolute neutrophil count of less than or equal to 1.0 x 10^9/L; or

2. Severe thrombocytopenia defined as platelet count of less than or equal to 50 x 10^9/L; or

3. Evidence of one or more 17p chromosomal deletions demonstrated by fluorescence in situ hybridisation (FISH).

Full blood count results must be no more than 1 month old at the time of application.

The authority application must be made in writing and must include:

a) A completed authority prescription form;

b) A completed CLL/SLL PBS Authority Application - Supporting information form; and

c) Pathology report indicating that the patient can be considered inappropriate for chemo-immunotherapy due to one or more of the following:

1) Recent severe neutropenia; or

2) Recent severe thrombocytopenia; or

3) Presence of 17p chromosomal deletion using fluorescence in situ hybridisation (FISH).

A Grandfathered patient who has previously received non-PBS subsidised treatment with this drug for this condition prior to 1 September 2017 must have met all the initial restriction criteria prior to initiating non-PBS subsidised treatment. A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Note Applications for authorisation under this criterion may be made by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

idelalisib 150 mg tablet, 60

11162L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5378.97	41.30	Zydelig [GI]

idelalisib 100 mg tablet, 60

11170X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5378.97	41.30	Zydelig [GI]

▪ IDELALISIB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required

Refractory follicular B-cell non-Hodgkin's lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be refractory to a prior therapy with rituximab, **AND**
- The condition must be refractory to a prior therapy with an alkylating agent, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition.

The condition is considered refractory to a prior therapy when the patient experiences less than a partial response or progression of disease within 6 months after completion of the prior therapy.

The condition is considered refractory to both rituximab and an alkylating agent if the agents were administered together or in successive treatment regimens.

The authority application must be made in writing and must include:

a) A completed authority prescription form; and

b) A completed Refractory follicular B-cell non-Hodgkin's lymphoma PBS Authority Application - Supporting information form which must include date of completion of prior therapies with rituximab and an alkylating agent.

Note Any queries concerning the arrangements to prescribe this drug may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au
Written applications for authority to prescribe this drug should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Refractory follicular B-cell non-Hodgkin's lymphoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition.

Note Applications for authorisation under this criterion may be made by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

idelalisib 150 mg tablet, 60

11165P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	5378.97	41.30	Zydelig [GI]

idelalisib 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11171Y	1	5	..	5378.97	41.30	Zydelig [GI]

Other protein kinase inhibitors

▪ CABOZANTINIB

Note No increase in the maximum number of repeats may be authorised.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7631

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.

cabozantinib 60 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11367G	1	5	..	9961.22	41.30	Cabometyx [IS]

cabozantinib 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11374P	1	5	..	9961.22	41.30	Cabometyx [IS]

cabozantinib 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11368H	1	5	..	9961.22	41.30	Cabometyx [IS]

▪ CABOZANTINIB

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note **A** prognostic International Metastatic Renal Cell Carcinoma Database Consortium (IMDC) survival risk score can be calculated here: https://www.mdcalc.com/imdc-international-metastatic-rcc-database-consortium-risk-model-metastatic-renal-cell-carcinoma.
One point is assigned for each of:
(i) a time of diagnosis to systemic therapy of less than 1 year
(ii) a Karnofsky Performance Status of less than 80%
(iii) a haemaglobin less than the lower limit of normal
(iv) a corrected calcium level greater than the upper limit of normal
(v) a neutrophil count greater than the upper limit of normal
(vi) a platelet count greater than the upper limit of normal
Stated normal reference ranges may vary depending on the laboratory providing the measurement. 'Normal' here refers to the individual laboratory's stated normal reference range.
Favourable IMDC risk is a score of 0.
Intermediate IMDC risk is a score of 1 to 2.
Poor IMDC risk is a score of 3 to 6.
Document any IMDC risk score assessment in the patient's medical records.

Authority required (STREAMLINED)

11880

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be each of: (i) classified as having an intermediate to poor survival risk score according to the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC), (ii) untreated with a tyrosine kinase inhibitor; OR

- Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) despite treatment with a tyrosine kinase inhibitor, irrespective of the current IMDC survival risk score, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Treatment criteria:

- Patient must be undergoing treatment with this drug for the first time at the time of the first PBS prescription.

cabozantinib 60 mg tablet, 30

11360X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	9961.22	41.30	Cabometyx [IS]

cabozantinib 20 mg tablet, 30

11371L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	9961.22	41.30	Cabometyx [IS]

cabozantinib 40 mg tablet, 30

11369J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	9961.22	41.30	Cabometyx [IS]

▪ ENTRECTINIB

Note Special Pricing Arrangements apply.

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- The condition must be non-squamous type non-small cell lung cancer (NSCLC) or not otherwise specified type NSCLC, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must not have received prior treatment with a c-ROS proto-oncogene 1 (ROS1) receptor tyrosine kinase inhibitor for this condition; OR
- Patient must have developed intolerance to a c-ROS proto-oncogene 1 (ROS1) receptor tyrosine kinase inhibitor necessitating permanent treatment withdrawal, **AND**
- Patient must have evidence of c-ROS proto-oncogene 1 (ROS1) gene rearrangement in tumour material, defined as 15% (or greater) positive cells by fluorescence in situ hybridisation (FISH) testing.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Non-Small-Cell Lung Cancer Authority Application - Supporting Information Form.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Stage IIIB (locally advanced) or Stage IV (metastatic) non-small cell lung cancer (NSCLC)

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while being treated with this drug for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

entrectinib 200 mg capsule, 90

12092K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	7289.52	41.30	Rozlytrek [RO]

▪ LENVATINIB

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

11168

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not be suitable for transarterial chemoembolisation, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have Child Pugh class A, **AND**
- The condition must be untreated with systemic therapy; OR
- Patient must have developed intolerance of a severity necessitating permanent treatment withdrawal, in the absence of disease progression, to any of the following: (i) a vascular endothelial growth factor (VEGF) tyrosine kinase inhibitor (TKI), (ii) atezolizumab/bevacizumab combination therapy.

Authority required (STREAMLINED)

8584

Advanced (unresectable) Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving treatment with this drug for this condition.

lenvatinib 4 mg capsule, 30

11638M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	2	..	*9626.23	41.30	Lenvima [EI]

▪ LENVATINIB

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

6604

Locally advanced or metastatic differentiated thyroid cancer

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be refractory to radioactive iodine, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have symptomatic progressive disease prior to treatment; OR
- Patient must have progressive disease at critical sites with a high risk of morbidity or mortality where local control cannot be achieved by other measures, **AND**
- Patient must have thyroid stimulating hormone adequately repressed, **AND**
- Patient must be one in whom surgery is inappropriate, **AND**
- Patient must not be a candidate for radiotherapy with curative intent, **AND**
- Patient must have a WHO performance status of 2 or less.

Radioactive iodine refractory is defined as:

- a lesion without iodine uptake on a radioactive iodine (RAI) scan; or
- having received a cumulative RAI dose of greater than or equal to 600 mCi; or
- progression within 12 months of a single RAI treatment; or
- progression after two RAI treatments administered within 12 months of each other.

Authority required (STREAMLINED)

6578

Locally advanced or metastatic differentiated thyroid cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be refractory to radioactive iodine, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST).

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

lenvatinib 10 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10965D	2	2	..	*6471.22	41.30	Lenvima [EI]

lenvatinib 4 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10952K	1	2	..	3280.13	41.30	Lenvima [EI]

▪ NINTEDANIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Idiopathic pulmonary fibrosis

Treatment Phase: Initial treatment 1 - new patient

Clinical criteria:

- The condition must be diagnosed through a multidisciplinary team, **AND**
- Patient must have chest high resolution computed tomography (HRCT) consistent with diagnosis of idiopathic pulmonary fibrosis within the previous 12 months, **AND**
- Patient must have a forced vital capacity (FVC) greater than or equal to 50% predicted for age, gender and height, **AND**
- Patient must have a forced expiratory volume in 1 second to forced vital capacity ratio (FEV1/FVC) greater than 0.7, **AND**
- Patient must have diffusing capacity of the lungs for carbon monoxide (DLCO) corrected for haemoglobin equal to or greater than 30%, **AND**
- Patient must not have interstitial lung disease due to other known causes including domestic and occupational environmental exposures, connective tissue disease, or drug toxicity, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition.

Treatment criteria:

- Must be treated by a respiratory physician or specialist physician, or in consultation with a respiratory physician or specialist physician.

A multidisciplinary team is defined as comprising of at least a specialist respiratory physician, a radiologist and where histological material is considered, a pathologist. If attendance is not possible because of geographical isolation, consultation with a multidisciplinary team is required for diagnosis.

Patient must not have an acute respiratory infection at the time of FVC testing.

Application for authorisation of initial treatment must be in writing and must include:

a) a completed authority prescription form; and

b) a completed IPF Authority Application Supporting Information Form; and

c) a signed patient acknowledgement.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Idiopathic pulmonary fibrosis

Treatment Phase: Initial treatment 2 - change or re-commencement of treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with nintedanib or pirfenidone for this condition, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition.

Treatment criteria:

- Must be treated by a respiratory physician or specialist physician, or in consultation with a respiratory physician or specialist physician.

Note Applications for authorisation under this criterion may be made by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Idiopathic pulmonary fibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition.

Treatment criteria:

- Must be treated by a respiratory physician or specialist physician, or in consultation with a respiratory physician or specialist physician.

Note Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

nintedanib 150 mg capsule, 60

11106M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3398.82	41.30	Ofev [BY]

nintedanib 100 mg capsule, 60

11100F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1763.67	41.30	Ofev [BY]

▪ PAZOPANIB

Note Special Pricing Arrangements apply.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Authority required (STREAMLINED)

11939

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- Patient must require dose adjustment, **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

PBS-subsidy does not apply to a patient who has progressive disease whilst on, or, who has recurrent disease following treatment with any of: (i) cabozantinib, (ii) pazopanib, (iii) sunitinib.

pazopanib 200 mg tablet, 30

2232L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1192.92	41.30	Votrient [NV]

pazopanib 400 mg tablet, 30

2201W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2311.68	41.30	Votrient [NV]

▪ PAZOPANIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

9247

Advanced (unresectable and/or metastatic) soft tissue sarcoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have received prior chemotherapy treatment including an anthracycline, **AND**
- Patient must not have received prior treatment with an angiogenesis inhibitor, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patient must not have any of the following conditions:
adipocytic soft tissue sarcoma;
gastrointestinal stromal tumour (GIST);
rhabdomyosarcoma other than alveolar or pleomorphic;
chondrosarcoma;
osteosarcoma;
Ewings tumour/primitive neuroectodermal tumour;
dermofibromatosis sarcoma protuberans;
inflammatory myofibroblastic sarcoma;
malignant mesothelioma;
mixed mesodermal tumour of the uterus.

pazopanib 200 mg tablet, 90

10042M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3386.91	41.30	Votrient [NV]

pazopanib 400 mg tablet, 60

10041L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	4462.14	41.30	Votrient [NV]

▪ PAZOPANIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7458

Advanced (unresectable and/or metastatic) soft tissue sarcoma

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

pazopanib 200 mg tablet, 90

10047T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3386.91	41.30	Votrient [NV]

pazopanib 400 mg tablet, 60

10043N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4462.14	41.30	Votrient [NV]

▪ PAZOPANIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7459

Advanced (unresectable and/or metastatic) soft tissue sarcoma

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- Patient must require dose adjustment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

pazopanib 200 mg tablet, 30

10054E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1192.92	41.30	Votrient [NV]

pazopanib 400 mg tablet, 30

10052C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2311.68	41.30	Votrient [NV]

▪ PAZOPANIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Authority required (STREAMLINED)

11937

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

PBS-subsidy does not apply to a patient who has progressive disease whilst on, or, who has recurrent disease following treatment with any of: (i) cabozantinib, (ii) pazopanib, (iii) sunitinib.

pazopanib 200 mg tablet, 90

11252F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3386.91	41.30	Votrient [NV]

pazopanib 400 mg tablet, 60

11261Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	4462.14	41.30	Votrient [NV]

▪ PAZOPANIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Patients who have developed intolerance to sunitinib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised pazopanib.

Note Patients who have progressive disease with pazopanib are no longer eligible for PBS-subsidised pazopanib.

Authority required (STREAMLINED)

11974

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be classified as favourable to intermediate risk according to the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC), **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

PBS-subsidy does not apply to a patient who has progressive disease whilst on, or, who has recurrent disease following treatment with any of: (i) cabozantinib, (ii) pazopanib, (iii) sunitinib.

pazopanib 200 mg tablet, 90

2029T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3386.91	41.30	Votrient [NV]

pazopanib 400 mg tablet, 60

2030W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	4462.14	41.30	Votrient [NV]

▪ RIPRETINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Special Pricing Arrangements apply.

Authority required

Metastatic or unresectable malignant gastrointestinal stromal tumour

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must not be resectable, **AND**
- The treatment must be as monotherapy, **AND**

- The condition must have progressed despite treatment with all drugs PBS-listed specifically for this PBS-indication; OR
- The condition must have progressed despite each of: (i) treatment with a drug PBS-listed specifically listed for this PBS-indication, (ii) an intolerance/expected intolerance to all other drugs PBS-listed for this specific PBS-indication, **AND**
- Patient must have a WHO performance status of 2 or less.

Treatment criteria:

- Patient must be undergoing PBS-subsidised treatment with this drug for the first time - retreatment/continuing treatment beyond the available repeat prescription is not permitted under this listing; see 'Continuing treatment' Treatment Phase listing to continue PBS-subsidised treatment in a patient without disease progression.

Note Currently PBS-listed drugs with the indication of: 'metastatic or unresectable malignant gastrointestinal stromal tumour' are: imatinib and sunitinib

Authority required

Metastatic or unresectable malignant gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must not be resectable, **AND**
- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be as monotherapy, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

ripretinib 50 mg tablet, 90

12764T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	16303.16	41.30	Qinlock [TS]

▪ SORAFENIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Authority required

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have progressive disease according to the Response Evaluation Criteria in Solid Tumours (RECIST) following prior treatment with a tyrosine kinase inhibitor, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Patients who have developed intolerance to a tyrosine kinase inhibitor of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised treatment with this drug.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

sorafenib 200 mg tablet, 60

10226F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*5556.88	41.30	Nexavar [BN]

▪ SORAFENIB

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

7487

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

sorafenib 200 mg tablet, 60

10242C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*5556.88	41.30	Nexavar [BN]

▪ SORAFENIB

Note Sorafenib is not PBS-subsidised for adjunctive treatment after resection, ablation or chemoembolization.
Sorafenib is not PBS-subsidised for maintenance therapy after disease progression.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

11160

Advanced Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have Child Pugh class A, **AND**
- The condition must be untreated with systemic therapy; OR
- Patient must have developed intolerance of a severity necessitating permanent treatment withdrawal, in the absence of disease progression, to any of the following: (i) a vascular endothelial growth factor (VEGF) tyrosine kinase inhibitor (TKI), (ii) atezolizumab/bevacizumab combination therapy.

Authority required (STREAMLINED)

8617

Advanced Barcelona Clinic Liver Cancer Stage B or Stage C hepatocellular carcinoma

Treatment Phase: Continuing treatment

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving treatment with this drug for this condition.

sorafenib 200 mg tablet, 60

9380Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*5556.88	41.30	Nexavar [BN]

▪ SUNITINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET)

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be symptomatic (despite somatostatin analogues); OR
- Patient must have disease progression, **AND**
- The treatment must be as monotherapy.

Disease progression must be documented in the patient's medical records.

Patients who have developed progressive disease on everolimus are not eligible to receive PBS-subsidised sunitinib for this condition.

Patients who have developed intolerance to everolimus of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised sunitinib.

sunitinib 50 mg capsule, 28

2837H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	3380.33	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 12.5 mg capsule, 28

10004M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	893.41	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

2959R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	1733.35	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 37.5 mg capsule, 28

10464R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	2544.10	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

▪ SUNITINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

7471

Metastatic or unresectable, well-differentiated malignant pancreatic neuroendocrine tumour (pNET)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must not have disease progression, **AND**
- The treatment must be as monotherapy.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

sunitinib 50 mg capsule, 28

10010W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	3380.33	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 12.5 mg capsule, 28

10009T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	893.41	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

2842N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1733.35	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 37.5 mg capsule, 28

10473F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	2544.10	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

▪ SUNITINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Response Evaluation Criteria In Solid Tumours (RECIST) is defined as follows:
Complete response (CR) is disappearance of all target lesions.
Partial response (PR) is a 30% decrease in the sum of the longest diameter of target lesions.
Progressive disease (PD) is a 20% increase in the sum of the longest diameter of target lesions.
Stable disease (SD) is small changes that do not meet above criteria.

Authority required (STREAMLINED)

11875

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Continuing treatment beyond 3 months

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- Patient must have stable or responding disease according to the Response Evaluation Criteria In Solid Tumours (RECIST), **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

PBS-subsidy does not apply to a patient who has progressive disease whilst on, or, who has recurrent disease following treatment with any of: (i) cabozantinib, (ii) pazopanib, (iii) sunitinib.

sunitinib 50 mg capsule, 28

9422X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	3380.33	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 12.5 mg capsule, 28

9420T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	893.41	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

9421W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	1733.35	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 37.5 mg capsule, 28

10459L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	2544.10	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

▪ SUNITINIB

Note Sunitinib is not PBS-subsidised for the treatment of patients with resectable malignant gastrointestinal stromal tumours.

Note Written applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Metastatic or unresectable malignant gastrointestinal stromal tumour

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be as monotherapy, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must have previously failed or be intolerant to imatinib mesilate.

Applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Sunitinib PBS Authority Application for Use in the Treatment of Gastrointestinal Stromal Tumour - Supporting Information Form; and

(3) a signed patient acknowledgement.

Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS-subsidised imatinib

sunitinib 50 mg capsule, 28

9490L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	3380.33	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 12.5 mg capsule, 28

9488J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	893.41	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

9489K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	1733.35	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 37.5 mg capsule, 28

10503T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	2544.10	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

▪ SUNITINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Patients who have developed intolerance to pazopanib of a severity necessitating permanent treatment withdrawal are eligible to receive PBS-subsidised sunitinib.

Note Patients who have progressive disease with sunitinib are no longer eligible for PBS-subsidised sunitinib.

Authority required (STREAMLINED)

11878

Stage IV clear cell variant renal cell carcinoma (RCC)

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be classified as favourable to intermediate risk according to the International Metastatic Renal Cell Carcinoma Database Consortium (IMDC), **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- The treatment must be the sole PBS-subsidised tyrosine kinase inhibitor therapy for this condition.

PBS-subsidy does not apply to a patient who has progressive disease whilst on, or, who has recurrent disease following treatment with any of: (i) cabozantinib, (ii) pazopanib, (iii) sunitinib.

sunitinib 50 mg capsule, 28

9419R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	3380.33	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 12.5 mg capsule, 28

9417P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	..	893.41	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

9418Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	..	1733.35	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 37.5 mg capsule, 28

10504W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	..	2544.10	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

▪ SUNITINIB

Note A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

Note Patients who have failed to respond or are intolerant to imatinib are no longer eligible to receive PBS subsidised imatinib after progression on this drug

Note Sunitinib is not PBS-subsidised for the treatment of patients with resectable malignant gastrointestinal stromal tumours.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised.

Authority required (STREAMLINED)

7430

Metastatic or unresectable malignant gastrointestinal stromal tumour

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received an initial authority prescription for this drug for this condition, **AND**
- The treatment must be as monotherapy, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must not have progressive disease.

sunitinib 50 mg capsule, 28

11250D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	..	3380.33	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 12.5 mg capsule, 28

11266Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	..	893.41	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 25 mg capsule, 28

11253G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	..	1733.35	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

sunitinib 37.5 mg capsule, 28

11256K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	1	..	2544.10	41.30	[a] Sunitinib Sandoz [SZ]	[a] Sutent [PF]

OTHER ANTINEOPLASTIC AGENTS

Monoclonal antibodies

▪ DARATUMUMAB

Note This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Relapsed and/or refractory multiple myeloma

Treatment Phase: Initial treatment as second-line drug therapy for weeks 1 to 9 (administered once weekly)

Clinical criteria:

- The condition must be confirmed by a histological diagnosis, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- Patient must have progressive disease after only one prior therapy (i.e. use must be as second-line drug therapy; use as third-line drug therapy or beyond is not PBS-subsidised), **AND**
- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues.

Treatment criteria:

- Patient must be undergoing treatment with this drug in one of the following situations: (i) for the first time, (ii) changing the drug's form (intravenous/subcutaneous) within the first 9 weeks of treatment.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

Details of: the histological diagnosis of multiple myeloma; prior treatments including name(s) of drug(s) and date of most recent treatment cycle; the basis of the diagnosis of progressive disease or failure to respond; and which disease activity parameters will be used to assess response, must be documented in the patient's medical records.

Confirmation of eligibility for treatment with current diagnostic reports of at least one of the following must be documented in the patient's medical records:

(a) the level of serum monoclonal protein; or

(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or

(c) the serum level of free kappa and lambda light chains; or

(d) bone marrow aspirate or trephine; or

(e) if present, the size and location of lytic bone lesions (not including compression fractures); or

(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or

(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters must be used to determine response, results for either (a) or (b) or (c) should be documented for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) must be documented in the patient's medical records. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be documented in the patient's medical records.

A line of therapy is defined as 1 or more cycles of a planned treatment program. This may consist of 1 or more planned cycles of single-agent therapy or combination therapy, as well as a sequence of treatments administered in a planned manner.

A new line of therapy starts when a planned course of therapy is modified to include other treatment agents (alone or in combination) as a result of disease progression, relapse, or toxicity, with the exception to this being the need to attain a sufficient response for stem cell transplantation to proceed. A new line of therapy also starts when a planned period of observation off therapy is interrupted by a need for additional treatment for the disease.

daratumumab 1.8 g/15 mL injection, 15 mL vial

12683M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	8	..	7171.50	41.30	Darzalex [JC]

▪ DARATUMUMAB

Note This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Relapsed and/or refractory multiple myeloma

Treatment Phase: Continuing treatment of second-line drug therapy from week 25 until disease progression (administered every 4 weeks)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- Patient must not be receiving concomitant PBS-subsidised bortezomib, carfilzomib or thalidomide or its analogues.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

daratumumab 1.8 g/15 mL injection, 15 mL vial

12725R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7171.50	41.30	Darzalex [JC]

▪ DARATUMUMAB

Note This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Relapsed and/or refractory multiple myeloma

Treatment Phase: Continuing treatment of second-line drug therapy for weeks 10 to 24 (administered every 3 weeks)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with bortezomib and dexamethasone, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

daratumumab 1.8 g/15 mL injection, 15 mL vial

12755H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	7171.50	41.30	Darzalex [JC]

▪ DARATUMUMAB

Note This drug is not PBS-subsidised for use in patients with multiple myeloma who have received two or more prior lines of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent, or, who are refractory to both a PI and an immunomodulatory agent, as monotherapy.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Note This grandfather restriction will cease to operate from 3 months after the date specified in the clinical criteria.

Authority required

Relapsed and/or refractory multiple myeloma

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements

Clinical criteria:

- Patient must have been on treatment with this drug in the subcutaneous form for this condition prior to 1 November 2021, **AND**
- Patient must have met all initial treatment PBS-eligibility criteria applying to a non-grandfathered patient prior to having commenced treatment with this drug, which are: (i) the condition was confirmed by histological diagnosis, (ii) the treatment is/was being used as part of triple combination therapy with bortezomib and dexamethasone, (iii) the condition

progressed (see definition of progressive disease below) after one prior therapy, but not after more than two prior lines of therapies (i.e. this drug was commenced as second-line treatment), (iv) the treatment was/is not to be used in combination with PBS-subsidised carfilzomib, thalidomide or its analogues, and (v) the patient had never been treated with this drug, **AND**

- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- Patient must not be receiving concomitant PBS-subsidised carfilzomib, thalidomide or its analogues.

Progressive disease is defined as at least 1 of the following:

(a) at least a 25% increase and an absolute increase of at least 5 g per L in serum M protein (monoclonal protein); or

(b) at least a 25% increase in 24-hour urinary light chain M protein excretion, and an absolute increase of at least 200 mg per 24 hours; or

(c) in oligo-secretory and non-secretory myeloma patients only, at least a 50% increase in the difference between involved free light chain and uninvolved free light chain; or

(d) at least a 25% relative increase and at least a 10% absolute increase in plasma cells in a bone marrow aspirate or on biopsy; or

(e) an increase in the size or number of lytic bone lesions (not including compression fractures); or

(f) at least a 25% increase in the size of an existing or the development of a new soft tissue plasmacytoma (determined by clinical examination or diagnostic imaging); or

(g) development of hypercalcaemia (corrected serum calcium greater than 2.65 mmol per L not attributable to any other cause).

Oligo-secretory and non-secretory patients are defined as having active disease with less than 10 g per L serum M protein.

Details of: the histological diagnosis of multiple myeloma; prior treatments including name(s) of drug(s) and date of most recent treatment cycle; the basis of the diagnosis of progressive disease or failure to respond; and which disease activity parameters will be used to assess response, must be documented in the patient's medical records.

Confirmation of eligibility for treatment with current diagnostic reports of at least one of the following must be documented in the patient's medical records:

(a) the level of serum monoclonal protein; or

(b) Bence-Jones proteinuria - the results of 24-hour urinary light chain M protein excretion; or

(c) the serum level of free kappa and lambda light chains; or

(d) bone marrow aspirate or trephine; or

(e) if present, the size and location of lytic bone lesions (not including compression fractures); or

(f) if present, the size and location of all soft tissue plasmacytomas by clinical or radiographic examination i.e. MRI or CT-scan; or

(g) if present, the level of hypercalcaemia, corrected for albumin concentration.

As these parameters must be used to determine response, results for either (a) or (b) or (c) should be documented for all patients. Where the patient has oligo-secretory or non-secretory multiple myeloma, either (c) or (d) or if relevant (e), (f) or (g) must be documented in the patient's medical records. Where the prescriber plans to assess response in patients with oligo-secretory or non-secretory multiple myeloma with free light chain assays, evidence of the oligo-secretory or non-secretory nature of the multiple myeloma (current serum M protein less than 10 g per L) must be documented in the patient's medical records.

A line of therapy is defined as 1 or more cycles of a planned treatment program. This may consist of 1 or more planned cycles of single-agent therapy or combination therapy, as well as a sequence of treatments administered in a planned manner.

A new line of therapy starts when a planned course of therapy is modified to include other treatment agents (alone or in combination) as a result of disease progression, relapse, or toxicity, with the exception to this being the need to attain a sufficient response for stem cell transplantation to proceed. A new line of therapy also starts when a planned period of observation off therapy is interrupted by a need for additional treatment for the disease.

daratumumab 1.8 g/15 mL injection, 15 mL vial

12704P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	7	..	7171.50	41.30	Darzalex [JC]

▪ OFATUMUMAB

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10172

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Authority required (STREAMLINED)

12224

Multiple sclerosis

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements

Clinical criteria:

- The condition must have previously been diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of at least one of the brain/spinal cord prior to initiating non-PBS-subsidised treatment with this drug for this condition; OR
- The condition must have previously been diagnosed as clinically definite relapsing-remitting multiple sclerosis supported by written certification, which is documented in the patient's medical records, from a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient prior to initiating non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to the multiple sclerosis, in the preceding 2 years prior to initiation of this drug, **AND**
- Patient must have been ambulatory (without assistance or support) prior to having initiated treatment with this drug for this condition, **AND**
- Patient must have been receiving treatment with this drug for this condition prior to 1 October 2021, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

ofatumumab 20 mg/0.4 mL injection, 0.4 mL pen device

12641H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2183.42	41.30	Kesimpta [NV]

▪ OFATUMUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note The intent of this listing is to provide doses at weeks 0, 1 and 2. For treatment at week 4 and beyond, see the 'Continuing treatment' listing.

Authority required (STREAMLINED)

10162

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

ofatumumab 20 mg/0.4 mL injection, 0.4 mL pen device

12642J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*6336.10	41.30	Kesimpta [NV]

▪ TRASTUZUMAB

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

10212

Early HER2 positive breast cancer

Treatment Phase: 3 weekly treatment regimen

Clinical criteria:

- Patient must have undergone surgery (adjuvant) or be preparing for surgery (neoadjuvant), **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure, **AND**
- Patient must not receive more than 52 weeks of combined PBS-subsidised and non-PBS-subsidised therapy; OR
- Patient must not receive more than 52 weeks of combined trastuzumab and trastuzumab emtansine therapy if adjuvant trastuzumab emtansine therapy has been discontinued due to intolerance.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.

trastuzumab 600 mg/5 mL injection, 5 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10682F	1	3	..	1607.66	41.30	Herceptin SC [RO]

▪ TRASTUZUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required (STREAMLINED)

9353

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have evidence of human epidermal growth factor receptor 2 (HER2) gene amplification as demonstrated by in situ hybridisation (ISH) either in the primary tumour or a metastatic lesion, **AND**
- The treatment must not be in combination with nab-paclitaxel, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

Cardiac function must be tested by echocardiography (ECHO) or multigated acquisition (MUGA), prior to initiating treatment with this drug for this condition.

trastuzumab 600 mg/5 mL injection, 5 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10798H	1	..	..	1607.66	41.30	Herceptin SC [RO]

▪ TRASTUZUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required (STREAMLINED)

9462

Metastatic (Stage IV) HER2 positive breast cancer

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be used in a patient with a left ventricular ejection fraction (LVEF) of less than 45% and/or with symptomatic heart failure.

trastuzumab 600 mg/5 mL injection, 5 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10803N	1	3	..	1607.66	41.30	Herceptin SC [RO]

Histone deacetylase (HDAC) inhibitors

▪ VORINOSTAT

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Cutaneous T-cell lymphoma

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have received systemic treatment with chemotherapy, **AND**
- Patient must demonstrate relapsed or chemotherapy-refractory disease, **AND**
- Patient must be ineligible for stem cell transplant, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Applications for authorisation of initial treatment must be in writing and must include:
(a) a completed authority prescription form; and
(b) a completed cutaneous T-cell lymphoma (CTCL) initial PBS Authority Application - Supporting Information Form.

vorinostat 100 mg capsule, 120

11138F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	4463.34	41.30	Zolinza [MK]

▪ VORINOSTAT

Note Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required
Cutaneous T-cell lymphoma
Treatment Phase: Continuing treatment
Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have progressive disease while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

vorinostat 100 mg capsule, 120

11141J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	4463.34	41.30	Zolinza [MK]

Hedgehog pathway inhibitors

▪ SONIDEGIB

Caution Sonidegib is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 20 months and 6 months period after cessation of treatment for female and male patients respectively, as according to the TGA approved Product Information.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required
Metastatic or locally advanced basal cell carcinoma
Treatment Phase: Initial treatment
Clinical criteria:

- The condition must be inappropriate for surgery, **AND**
- The condition must be inappropriate for curative radiotherapy, **AND**
- Patient must not have received previous PBS-subsidised treatment with another hedgehog (Hh) inhibitor for this condition; OR
- Patient must have developed intolerance to another hedgehog (Hh) inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

The authority application must be made in writing and must include:
a) A completed authority prescription form; and
b) A completed Basal Cell Carcinoma Initial PBS Authority Application Form - Supporting Information Form; and
c) A histological confirmation of BCC and whether the condition is metastatic or locally advanced; and
d) A letter from a surgically qualified clinician demonstrating inappropriateness for surgery for patients with locally advanced BCC; and
e) A letter from a radiation oncologist demonstrating inappropriateness for curative radiotherapy for patients with locally advanced BCC; and
f) A signed patient acknowledgement.
The assessment of the patient's response to this PBS-subsidised course of therapy must be made within the 4 weeks prior to completion of the course of treatment. It is recommended that an application is submitted to the Department of Human Services no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria.
Inappropriate for surgery is defined as:
i/ Curative resection is unlikely, such as where BCC has recurred in the same location after two or more surgical procedures; or
ii/ Anticipated substantial morbidity or deformity from surgery or requiring complicated reconstructive surgery (e.g. removal of all or part of a facial structure, such as nose, ear, eyelid, eye; or requirement for limb amputation or free tissue transfer); or
iii/ Medical contraindication to surgery
Inappropriate for curative radiotherapy is defined as:
i/Hypersensitivity to radiation due to genetic syndrome such as Gorlin Syndrome; or

ii/ Limitations due to location of tumour; or

iii/ Limitations due to cumulative prior radiotherapy dose; or

iv/ Progressive disease despite prior irradiation of locally advanced BCC.

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001

Authority required

Metastatic or locally advanced basal cell carcinoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must remain inappropriate for surgery, **AND**
- The condition must remain inappropriate for curative radiotherapy, **AND**
- Patient must not receive more than 16 weeks of treatment per continuing treatment under this restriction.

The authority application must be made in writing and must include:

a) A completed authority prescription form; and

b) A completed Basal Cell Carcinoma Continuing PBS Authority Application Form - Supporting Information Form; and

c) A confirmation statement from the treating doctor that the disease has not progressed; and

d) In patients with locally advanced BCC, a letter from a surgically qualified clinician demonstrating that the condition remains inappropriate for surgery; or a letter from a radiation oncologist demonstrating that the condition remains inappropriate for curative radiotherapy

The assessment of the patient's response to this PBS-subsidised course of therapy must be made within the 4 weeks prior to completion of the course of treatment. It is recommended that an application is submitted to the Department of Human Services no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria.

Inappropriate for surgery is defined as:

i/ Curative resection is unlikely, such as where BCC has recurred in the same location after two or more surgical procedures; or

ii/ Anticipated substantial morbidity or deformity from surgery or requiring complicated reconstructive surgery (e.g. removal of all or part of a facial structure, such as nose, ear, eyelid, eye; or requirement for limb amputation or free tissue transfer); or

iii/ Medical contraindication to surgery

Inappropriate for curative radiotherapy is defined as:

i/ Hypersensitivity to radiation due to genetic syndrome such as Gorlin Syndrome; or

ii/ Limitations due to location of tumour; or

iii/ Limitations due to cumulative prior radiotherapy dose; or

iv/ Progressive disease despite prior irradiation of locally advanced BCC

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001

Authority required

Metastatic or locally advanced basal cell carcinoma

Treatment Phase: Initial treatment or Continuing treatment – balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment restriction to complete maximum of 16 weeks of treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete maximum of 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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sonidegib 200 mg capsule, 30

11304Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	7982.65	41.30	Odomzo [RA]

▪ VISMODEGIB

Caution Vismodegib is a category X drug and must not be given to pregnant women. Pregnancy in female patients or in the partners of male patients must be avoided during treatment and during the 24 months and 2 months period after cessation of treatment for female and male patients respectively, as according to the TGA approved Product Information.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Metastatic or locally advanced basal cell carcinoma

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be inappropriate for surgery, **AND**
- The condition must be inappropriate for curative radiotherapy, **AND**
- Patient must not have received previous PBS-subsidised treatment with another hedgehog (Hh) inhibitor for this condition; OR
- Patient must have developed intolerance to another hedgehog (Hh) inhibitor of a severity necessitating permanent treatment withdrawal, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

The authority application must be made in writing and must include:

a) A completed authority prescription form; and

b) A completed Basal Cell Carcinoma Initial PBS Authority Application Form - Supporting Information Form; and

c) A histological confirmation of BCC and whether the condition is metastatic or locally advanced; and

d) A letter from a surgically qualified clinician demonstrating inappropriateness for surgery for patients with locally advanced BCC; and

e) A letter from a radiation oncologist demonstrating inappropriateness for curative radiotherapy for patients with locally advanced BCC; and

f) A signed patient acknowledgement.

The assessment of the patient's response to this PBS-subsidised course of therapy must be made within the 4 weeks prior to completion of the course of treatment. It is recommended that an application is submitted to the Department of Human Services no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria.

Inappropriate for surgery is defined as:

i/ Curative resection is unlikely, such as where BCC has recurred in the same location after two or more surgical procedures; or

ii/ Anticipated substantial morbidity or deformity from surgery or requiring complicated reconstructive surgery (e.g. removal of all or part of a facial structure, such as nose, ear, eyelid, eye; or requirement for limb amputation or free tissue transfer); or

iii/ Medical contraindication to surgery

Inappropriate for curative radiotherapy is defined as:

i/Hypersensitivity to radiation due to genetic syndrome such as Gorlin Syndrome; or

ii/ Limitations due to location of tumour; or

iii/ Limitations due to cumulative prior radiotherapy dose; or

iv/ Progressive disease despite prior irradiation of locally advanced BCC.

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001

Authority required

Metastatic or locally advanced basal cell carcinoma

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not develop disease progression while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must remain inappropriate for surgery, **AND**
- The condition must remain inappropriate for curative radiotherapy, **AND**
- Patient must not receive more than 16 weeks of treatment per continuing treatment under this restriction.

The authority application must be made in writing and must include:

a) A completed authority prescription form; and

b) A completed Basal Cell Carcinoma Continuing PBS Authority Application Form - Supporting Information Form; and

c) A confirmation statement from the treating doctor that the disease has not progressed; and

d) In patients with locally advanced BCC, a letter from a surgically qualified clinician demonstrating that the condition remains inappropriate for surgery; or a letter from a radiation oncologist demonstrating that the condition remains inappropriate for curative radiotherapy

The assessment of the patient's response to this PBS-subsidised course of therapy must be made within the 4 weeks prior to completion of the course of treatment. It is recommended that an application is submitted to the Department of Human Services no less than 2 weeks prior to the date the next dose is due in order to ensure continuity of treatment for those patients who meet the continuation criteria.

Inappropriate for surgery is defined as:

i/ Curative resection is unlikely, such as where BCC has recurred in the same location after two or more surgical procedures; or

ii/ Anticipated substantial morbidity or deformity from surgery or requiring complicated reconstructive surgery (e.g. removal of all or part of a facial structure, such as nose, ear, eyelid, eye; or requirement for limb amputation or free tissue transfer); or

iii/ Medical contraindication to surgery

Inappropriate for curative radiotherapy is defined as:

i/ Hypersensitivity to radiation due to genetic syndrome such as Gorlin Syndrome; or

ii/ Limitations due to location of tumour; or

iii/ Limitations due to cumulative prior radiotherapy dose; or

iv/ Progressive disease despite prior irradiation of locally advanced BCC

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs Programs
Reply Paid 9826
HOBART TAS 7001

Authority required

Metastatic or locally advanced basal cell carcinoma

Treatment Phase: Initial treatment or Continuing treatment – balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment restriction to complete maximum of 16 weeks of treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete maximum of 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

vismodegib 150 mg capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11070P	1	3	..	7461.22	41.30	Erivedge [RO]

Poly (ADP-ribose) polymerase (PARP) inhibitors

▪ OLAPARIB

Caution Do not substitute olaparib 50 mg capsules with olaparib 100 mg or 150 mg tablets on a mg to mg basis due to difference in dosing and bioavailability of each formulation.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10937

High grade epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuing treatment - second line treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug as a second line therapy for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must be maintenance therapy, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

olaparib 100 mg tablet, 56

11503K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	..	*6971.22	41.30	Lynparza [AP]

olaparib 150 mg tablet, 56

11539H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	..	*6971.22	41.30	Lynparza [AP]

▪ OLAPARIB

Caution Do not substitute olaparib 50 mg capsules with olaparib 100 mg or 150 mg tablets on a mg to mg basis due to difference in dosing and bioavailability of each formulation.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

High grade epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial treatment - second line treatment

Clinical criteria:

- The condition must be associated with a class 4 or 5 BRCA1 or BRCA2 gene mutation, **AND**
- The condition must be platinum sensitive, **AND**
- Patient must have received at least two previous platinum-containing regimens, **AND**
- Patient must have relapsed following a previous platinum-containing regimen, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must be maintenance therapy, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Platinum sensitivity is defined as disease progression greater than 6 months after completion of the penultimate platinum regimen.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of a BRCA1 or BRCA2 gene mutation must be derived through germline or somatic mutation testing.

olaparib 100 mg tablet, 56

11522K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	2	..	*6971.22	41.30	Lynparza [AP]

olaparib 150 mg tablet, 56

11528R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	2	..	*6971.22	41.30	Lynparza [AP]

▪ OLAPARIB

Caution Do not substitute olaparib 50 mg capsules with olaparib 100 mg or 150 mg tablets on a mg to mg basis due to difference in dosing and bioavailability of each formulation.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Initial treatment - first line treatment

Clinical criteria:

- The condition must be associated with a class 4 or 5 BRCA1 or BRCA2 gene mutation, **AND**
- Patient must be in partial or complete response to the immediately preceding platinum-based chemotherapy regimen prior to commencing treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

A response (complete or partial) to the platinum-based chemotherapy regimen is to be assessed using either Gynaecologic Cancer InterGroup (GCIG) or Response Evaluation Criteria in Solid Tumours (RECIST) guidelines.

Evidence of a BRCA1 or BRCA2 gene mutation must be derived through germline or somatic mutation testing.

olaparib 100 mg tablet, 56

12170M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	2	..	*6971.22	41.30	Lynparza [AP]

olaparib 150 mg tablet, 56

12157W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*6971.22	41.30	Lynparza [AP]

▪ OLAPARIB

Caution Do not substitute olaparib 50 mg capsules with olaparib 100 mg or 150 mg tablets on a mg to mg basis due to difference in dosing and bioavailability of each formulation.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Special Pricing Arrangements apply.

Authority required

High grade stage III/IV epithelial ovarian, fallopian tube or primary peritoneal cancer

Treatment Phase: Continuing treatment - first line treatment

Clinical criteria:

- Patient must have received previous PBS-subsidised treatment with this drug as first line maintenance therapy for this condition, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have developed disease progression while receiving treatment with this drug for this condition, **AND**
- The treatment must not exceed a total of 24 months of combined non-PBS-subsidised and PBS-subsidised treatment for patients who are in complete response.

olaparib 100 mg tablet, 56

12169L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*6971.22	41.30	Lynparza [AP]

olaparib 150 mg tablet, 56

12161C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*6971.22	41.30	Lynparza [AP]

Other antineoplastic agents

▪ HYDROXYCARBAMIDE (HYDROXYUREA)

hydroxycarbamide (hydroxyurea) 500 mg capsule, 100

3093T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	50.87	41.30	[a] Hydrea [BQ]	[a] HYDROXYCARBAMIDE MEDSURGE [DZ]

▪ VENETOCLAX

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Chronic lymphocytic leukaemia (CLL)

Treatment Phase: Initial treatment - Dose titration

Clinical criteria:

- Patient must not have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be considered unsuitable for treatment or retreatment with a purine analogue, **AND**
- The condition must have relapsed or be refractory to at least one prior therapy, **AND**
- Patient must have a WHO performance status of 0 or 1, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must be used as monotherapy for this condition under this restriction.

A patient is considered unsuitable for treatment or retreatment with a purine analogue as demonstrated by at least one of the following:

a) Failure to respond (stable disease or disease progression on treatment), or a progression-free interval of less than 3 years from treatment with a purine analogue-based therapy and anti-CD20-containing chemoimmunotherapy regimen after at least two cycles;

b) Age is 70 years or older;

c) Age is 65 years or older and the presence of comorbidities (Cumulative Illness Rating Scale of 6 or greater, or creatinine clearance of less than 70 mL/min) that might place the patient at an unacceptable risk for treatment-related toxicity with purine analogue-based therapy, provided they have received one or more prior treatment including at least two cycles of an alkylating agent-based (or purine analogue-based) anti-CD20 antibody-containing chemoimmunotherapy regimen;

d) History of purine analogue-associated autoimmune anaemia or autoimmune thrombocytopenia;

e) Evidence of one or more 17p chromosomal deletions demonstrated by fluorescence in situ hybridisation (FISH).

venetoclax 10 mg tablet [14] (&) venetoclax 50 mg tablet [7] (&) venetoclax 100 mg tablet [7] (&) venetoclax 100 mg tablet [14], 1 pack

11630D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	1791.49	41.30	Venclexta [VE]

▪ VENETOCLAX

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.
Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Dose modification

Clinical criteria:

- The treatment must be for dose titration purposes.

venetoclax 50 mg tablet, 7

11648C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	254.75	41.30	Venclexta [VE]

venetoclax 10 mg tablet, 14

11624T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	107.71	41.30	Venclexta [VE]

▪ VENETOCLAX

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.
Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Chronic lymphocytic leukaemia (CLL)

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with rituximab for up to a maximum of 6 cycles, followed by monotherapy, **AND**
- The treatment must be ceased on disease progression or on completion of 24 months of PBS-subsidised treatment under this restriction with this drug for this condition, whichever comes first.

venetoclax 100 mg tablet, 120

11639N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7784.24	41.30	Venclexta [VE]

▪ VENETOCLAX

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.
Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Initial treatment in first-line therapy - Dose titration (weeks 1 to 4 of a 5-week ramp-up schedule)

Clinical criteria:

- The condition must be untreated, **AND**
- Patient must be inappropriate for fludarabine based chemo-immunotherapy, **AND**
- The treatment must be in combination with obinutuzumab (refer to Product Information for timing of obinutuzumab and venetoclax doses), **AND**
- Patient must have a creatinine clearance 30 mL/min or greater, **AND**
- Patient must have a total cumulative illness rating scale (CIRS) score of greater than 6 (excluding CLL-induced illness or organ damage); OR
- Patient must have a creatinine clearance less than 70 mL/min.

venetoclax 10 mg tablet [14] (&) venetoclax 50 mg tablet [7] (&) venetoclax 100 mg tablet [7] (&) venetoclax 100 mg tablet [14], 1 pack

12188L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	1791.49	41.30	Venclexta [VE]

▪ VENETOCLAX

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: Second and final continuing treatment prescription (treatment cycles 7 to 12 inclusive) of first-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must cease upon disease progression; OR
- The treatment must cease upon completion of 12 cycles of treatment with this drug for this condition, whichever comes first.

venetoclax 100 mg tablet, 120

12199C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	7784.24	41.30	Venclexta [VE]

▪ VENETOCLAX

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Chronic lymphocytic leukaemia (CLL) or small lymphocytic lymphoma (SLL)

Treatment Phase: First continuing treatment (treatment cycles 2 to 6 inclusive) of first-line therapy

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be in combination with obinutuzumab (refer to Product Information for timing of obinutuzumab and venetoclax doses), **AND**
- The treatment must cease upon disease progression.

venetoclax 100 mg tablet, 120

12205J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	7784.24	41.30	Venclexta [VE]

▪ VENETOCLAX

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Acute Myeloid Leukaemia

Clinical criteria:

- The condition must be previously untreated at the time of initiation with this drug (except for essential treatment with hydroxyurea or leukapheresis), **AND**
- Patient must not be considered eligible for standard intensive remission induction chemotherapy at the time of initiation with this drug, **AND**
- The treatment must be used in combination with azacitidine (refer to Product Information for timing of azacitidine and venetoclax doses), **AND**
- Patient must not have progressive disease while receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must not be acute promyelocytic leukaemia.

Progressive disease monitoring via a complete blood count must be taken at the end of each cycle.

If abnormal blood counts suggest the potential for relapsed AML, a bone marrow biopsy must be performed to confirm the absence of progressive disease for the patient to be eligible for further cycles.

venetoclax 50 mg tablet, 7

12773G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	4	2	..	*997.78	41.30	Venclexta [VE]

venetoclax 100 mg tablet, 120

12803W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	..	7784.24	41.30	Venclexta [VE]

ENDOCRINE THERAPY

HORMONES AND RELATED AGENTS

Progestogens

MEDROXYPROGESTERONE

Restricted benefit

Advanced breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

medroxyprogesterone acetate 500 mg tablet, 30

2728N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	..	138.45	41.30	Provera [PF]

MEDROXYPROGESTERONE

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

Restricted benefit

Endometrial cancer

medroxyprogesterone acetate 250 mg tablet, 60

2727M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	..	138.45	41.30	Provera [PF]

medroxyprogesterone acetate 200 mg tablet, 60

2316X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	..	111.77	41.30	Provera [PF]

medroxyprogesterone acetate 100 mg tablet, 100

2725K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	2	..	99.71	41.30	Provera [PF]

Gonadotropin releasing hormone analogues

GOSERELIN

Restricted benefit

Carcinoma of the prostate

Clinical criteria:

- The condition must be locally advanced (stage C); OR
- The condition must be metastatic (stage D).

goserelin 10.8 mg implant, 1

8093Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	..	908.26	41.30	Zoladex 10.8 Implant [AP]

GOSERELIN

Restricted benefit

Carcinoma of the prostate

Clinical criteria:

- The condition must be locally advanced (stage C); OR
- The condition must be metastatic (stage D).

Restricted benefit

Endometriosis

Clinical criteria:

- The condition must be visually proven, **AND**
- The treatment must be for the short-term (up to 6 months).

Note Only 1 course of not more than 6 months' therapy will be authorised.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

Restricted benefit

Anticipated premature ovarian failure

Clinical criteria:

- Patient must be receiving treatment with an alkylating agent for a malignancy or an autoimmune disorder that has a high risk of causing premature ovarian failure, **AND**
- Patient must not receive more than 6 months' of treatment for this condition in a lifetime.

Population criteria:

- Patient must be pre-menopausal.

goserelin 3.6 mg implant, 1

1454M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	270.26	41.30	Zoladex Implant [AP]

▪ GOSERELIN (&) BICALUTAMIDE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Carcinoma of the prostate

Clinical criteria:

- The condition must be metastatic (stage D), **AND**
- Patient must require a combination of an antiandrogen and a GnRH (LH-RH) agonist.

goserelin 3.6 mg implant [1] (&) bicalutamide 50 mg tablet [28], 1 pack

9064C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	421.74	41.30	ZolaCos CP 3.6/50 [AP]

goserelin 10.8 mg implant [1 implant] (&) bicalutamide 50 mg tablet [28], 1 pack

9065D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	1049.14	41.30	ZolaCos CP 10.8/50(28) [AP]

goserelin 10.8 mg implant [1 implant] (&) bicalutamide 50 mg tablet [84], 1 pack

9066E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	1330.90	41.30	ZolaCos CP 10.8/50(84) [AP]

▪ LEUPRORELIN

Restricted benefit

Locally advanced (stage C) or metastatic (stage D) carcinoma of the prostate

leuprorelin acetate 45 mg modified release injection [1 chamber] (&) inert substance diluent [1.5 mL chamber], 1 dual chamber syringe

11943N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1750.56	41.30	Lucrin Depot 6-Month [VE]

leuprorelin acetate 22.5 mg modified release injection [1 chamber] (&) inert substance diluent [1.5 mL chamber], 1 dual chamber syringe

8876E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	908.26	41.30	Lucrin Depot 3 Month PDS [VE]

leuprorelin acetate 22.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

8708H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	908.26	41.30	Eligard 3 month [MF]

leuprorelin acetate 30 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

8709J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1189.19	41.30	Eligard 4 month [MF]

leuprorelin acetate 7.5 mg modified release injection [1 chamber] (&) inert substance diluent [1 mL chamber], 1 dual chamber syringe

8875D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	344.62	41.30	Lucrin Depot 7.5mg PDS [VE]

leuprorelin acetate 45 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

8859G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1750.56	41.30	Eligard 6 month [MF]

leuprorelin acetate 7.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe], 1 pack

8707G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	344.62	41.30	Eligard 1 month [MF]

leuprorelin acetate 30 mg modified release injection [1 chamber] (&) inert substance diluent [1.5 mL chamber], 1 dual chamber syringe

8877F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1189.19	41.30	Lucrin Depot 4 Month PDS [VE]

▪ LEUPRORELIN

Restricted benefit

Central precocious puberty

Treatment Phase: Continuing treatment with this drug, or, switching gonadotropin releasing hormone analogue therapy

Treatment criteria:

- Must be treated by a medical practitioner identifying as one of: (i) a paediatric endocrinologist, (ii) an endocrinologist specialising in paediatrics; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion, **AND**
- Patient must be undergoing continuing treatment with a gonadotropin releasing hormone analogue initiated through the PBS for this PBS indication.

leuprorelin acetate 30 mg modified release injection [1 chamber] (&) inert substance diluent [1.5 mL chamber], 1 dual chamber syringe

11944P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1189.19	41.30	Lucrin Depot Paediatric 30 mg PDS [VE]

▪ LEUPRORELIN

Restricted benefit

Central precocious puberty

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatric endocrinologist; OR
- Must be treated by an endocrinologist specialising in paediatrics.

Population criteria:

- Patient must be aged 10 years or younger (girls) or 11 years or younger (boys), **AND**
- Patient must have had onset of signs or symptoms of central precocious puberty prior to the age of 8 years (girls) or 9 years (boys).

leuprorelin acetate 30 mg modified release injection [1 chamber] (&) inert substance diluent [1.5 mL chamber], 1 dual chamber syringe

11960L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1189.19	41.30	Lucrin Depot Paediatric 30 mg PDS [VE]

▪ LEUPRORELIN (&) BICALUTAMIDE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Carcinoma of the prostate

Clinical criteria:

- The condition must be metastatic (stage D), **AND**
- Patient must require a combination of an antiandrogen and a GnRH (LH-RH) agonist.

leuprorelin acetate 7.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe] (&) bicalutamide 50 mg tablet [28], 1 pack

10962Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	424.01	41.30	Bi ELIGARD CP [MF]

leuprorelin acetate 22.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe] (&) bicalutamide 50 mg tablet [28], 1 pack

10963B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	982.10	41.30	Bi ELIGARD CP [MF]

leuprorelin acetate 22.5 mg modified release injection [1 syringe] (&) inert substance diluent [1 syringe] (&) bicalutamide 50 mg tablet [84], 1 pack

10969H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	1129.77	41.30	Bi ELIGARD CP [MF]

▪ TRIPTORELIN

Restricted benefit

Locally advanced (stage C) or metastatic (stage D) carcinoma of the prostate

triptorelin 11.25 mg injection [1 vial] (&) inert substance diluent [2 mL ampoule], 1 pack

9379P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	952.70	41.30	Diphereline [IS]

triptorelin 3.75 mg injection [1 vial] (&) inert substance diluent [2 mL ampoule], 1 pack

9378N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	362.40	41.30	Diphereline [IS]

▪ TRIPTORELIN

Restricted benefit

Locally advanced (stage C) or metastatic (stage D) carcinoma of the prostate

Restricted benefit

Central precocious puberty

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatric endocrinologist; OR
- Must be treated by an endocrinologist specialising in paediatrics.

Population criteria:

- Patient must be of an age that is prior to their 12th birthday if female; OR
- Patient must be of an age that is prior to their 13th birthday if male, **AND**
- Patient must have had onset of signs/symptoms of central precocious puberty prior to their 9th birthday if female; OR
- Patient must have had onset of signs/symptoms of central precocious puberty prior to their 10th birthday if male.

Restricted benefit

Central precocious puberty

Treatment Phase: Transitioning from non-PBS to PBS-subsidised treatment - Grandfather arrangements

Treatment criteria:

- Must be treated by a paediatric endocrinologist; OR
- Must be treated by an endocrinologist specialising in paediatrics; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Clinical criteria:

- Patient must be each of: (i) currently receiving this drug for the PBS-indication, (ii) commenced on non-PBS-subsidised supply prior to 1 November 2021.

Population criteria:

- Patient must have met each of: (i) experienced signs/symptoms of central precocious puberty prior to their 9th birthday, (ii) initiated treatment with this drug prior to their 12th birthday, if female; OR
- Patient must have met each of: (i) experienced signs/symptoms of central precocious puberty prior to their 10th birthday, (ii) initiated treatment with this drug prior to their 13th birthday, if male.

Note Patients may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a 'Grandfathered' patient must qualify under the 'Continuing treatment' criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Restricted benefit

Central precocious puberty

Treatment Phase: Continuing treatment with this drug, or, switching gonadotropin releasing hormone analogue therapy

Treatment criteria:

- Must be treated by a medical practitioner identifying as one of: (i) a paediatric endocrinologist, (ii) an endocrinologist specialising in paediatrics; OR
- Must be treated by a medical practitioner who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion, **AND**
- Patient must be undergoing continuing treatment with a gonadotropin releasing hormone analogue initiated through the PBS for this PBS indication.

triptorelin 22.5 mg injection [1 vial] (&) inert substance diluent [2 mL ampoule], 1 pack

5297T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1839.34	41.30	Diphereline [IS]

HORMONE ANTAGONISTS AND RELATED AGENTS

Anti-estrogens

▪ FULVESTRANT

Authority required (STREAMLINED)

11473

Locally advanced or metastatic breast cancer

Clinical criteria:

- The condition must be hormone receptor positive, **AND**
- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- The condition must be inoperable.

Population criteria:

- Patient must not be premenopausal.

A patient who has progressive disease when treated with this drug is no longer eligible for PBS-subsidised treatment with this drug.

fulvestrant 250 mg/5 mL injection, 2 x 5 mL syringes

12300J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	261.10	41.30	[a] FULVESTRANT ACCORD [OC]	[a] Fulvestrant Sandoz [SZ]

▪ TAMOXIFEN

Note For item codes 2110C and 1880Y, pharmaceutical benefits that have the form tablet 20 mg (base) are equivalent for the purposes of substitution.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

tamoxifen 20 mg tablet, 30

1880Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	[B]8.00	*35.60	28.90	[a] Nolvadex-D [AP]

▪ TAMOXIFEN

Note This pharmaceutical benefit is not PBS-subsidised for primary prevention of breast cancer.

Note For item codes 2110C and 1880Y, pharmaceutical benefits that have the form tablet 20 mg (base) are equivalent for the purposes of substitution.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

tamoxifen 20 mg tablet, 60

2110C

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	27.61	28.91	[a] Genox 20 [AF] [a] Tamosin [AS]	[a] GenRx Tamoxifen [GX] [a] Tamoxifen Sandoz [SZ]

▪ TAMOXIFEN

Note A moderate risk of developing breast cancer is if the lifetime breast cancer risk is 1.5 to 3 times the population average. A high risk of developing breast cancer is if the lifetime breast cancer risk is more than 3 times the population average.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Reduction of breast cancer risk

Clinical criteria:

- Patient must have a moderate or high risk of developing breast cancer, **AND**
- The treatment must not exceed a dose of 20 mg per day, **AND**
- The treatment must not exceed a lifetime maximum of 5 years for this condition.

tamoxifen 20 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10911G NP	1	5	..	19.84	21.14	[a] Genox 20 [AF]
			[B]4.00	23.84	21.14	[a] Nolvadex-D [AP]

▪ TOREMIFENE

toremifene 60 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8216K	1	5	..	61.79	41.30	Fareston [AS]

Anti-androgens

▪ BICALUTAMIDE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5729

Metastatic (stage D) carcinoma of the prostate

Clinical criteria:

- The treatment must be in combination with GnRH (LH-RH) analogue therapy.

bicalutamide 50 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8094B NP	1	5	..	57.88	41.30	[a] APO-Bicalutamide [TX] [a] Calutex [AS] [a] Cosudex [AP]	[a] Bicalox [ZS] [a] Cosamide 50 [AF]

▪ CYPROTERONE

cyproterone acetate 50 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1270W	2	5	..	*83.68	41.30	[a] ANTERONE 50 [RW] [a] Cyprone 50 [AL] [a] GenRx Cyproterone Acetate [GX]	[a] APO-Cyproterone [TX] [a] Cyproterone Sandoz [HX] [a] Pharmacor Cyproterone 50 [CR]
			[B]2.28	*85.96	41.30	[a] Androcur [BN]	

cyproterone acetate 100 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8019C	1	5	..	67.86	41.30	[a] ANTERONE 100 [RW] [a] Cyprone 100 [AF] [a] GenRx Cyproterone Acetate [GX]	[a] APO-Cyproterone [TX] [a] Cyproterone Sandoz [HX] [a] Pharmacor Cyproterone 100 [CR]
			[B]1.41	69.27	41.30	[a] Androcur-100 [BN]	

▪ DAROLUTAMIDE

Note Special Pricing Arrangements apply.

Authority required

Castration resistant non-metastatic carcinoma of the prostate

Clinical criteria:

- The condition must have evidence of an absence of distant metastases on the most recently performed conventional medical imaging used to evaluate the condition, **AND**
- The condition must be associated with a prostate-specific antigen level that was observed to have at least doubled in value in a time period of within 10 months anytime prior to first commencing treatment with this drug, **AND**
- Patient must have a World Health Organisation (WHO) Eastern Cooperative Oncology Group (ECOG) performance status score no higher than 1 prior to treatment initiation, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug.

Treatment criteria:

- Patient must be undergoing concurrent treatment with androgen deprivation therapy.

Prescribing instructions:

Retain the results of all investigative imaging and prostate-specific antigen (PSA) level measurements on the patient's medical records - do not submit copies of these with this authority application.

The PSA level doubling time must be based on at least three PSA levels obtained within a time period of 10 months anytime prior to first commencing treatment with this drug. The third reading is to demonstrate that the doubling was durable and must be at least 1 week apart from the second reading.

darolutamide 300 mg tablet, 112

12684N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3536.86	41.30	Nubeqa [BN]

▪ ENZALUTAMIDE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Castration resistant metastatic carcinoma of the prostate

Clinical criteria:

- The treatment must not be used in combination with chemotherapy, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- Patient must not be undergoing treatment with this drug following treatment with any of: (i) darolutamide, (ii) abiraterone; OR
- Patient must have developed an intolerance to abiraterone of a severity necessitating permanent treatment withdrawal.

enzalutamide 40 mg capsule, 112

10174L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3536.86	41.30	Xtandi [LL]

▪ FLUTAMIDE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5816

Metastatic (stage D) carcinoma of the prostate

Clinical criteria:

- The treatment must be in combination with GnRH (LH-RH) analogue therapy.

flutamide 250 mg tablet, 100

1417N

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	174.32	41.30	Flutamin [AF]

Aromatase inhibitors

▪ ANASTROZOLE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

anastrozole 1 mg tablet, 30

8179L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	24.37	25.67	[a] Anastrol [AS]	[a] Anastrozole FBM [FO]
					[a] Anastrozole GH [GQ]	[a] Anastrozole Sandoz [SZ]
					[a] APO-Anastrozole [TX]	[a] Arianna 1 [AF]
		[B]5.00	29.37	25.67	[a] Arimidex [AP]	

▪ EXEMESTANE

Restricted benefit

Metastatic (Stage IV) breast cancer

Clinical criteria:

- The condition must be hormone receptor positive, **AND**

- The condition must be human epidermal growth factor receptor 2 (HER2) negative, **AND**
- Patient must be receiving PBS-subsidised everolimus concomitantly for this condition.

Population criteria:

- Patient must not be pre-menopausal.

exemestane 25 mg tablet, 30

10103R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	67.58	41.30	[a] APO-Exemestane [TX] [a] Exemestane Sandoz [SZ]	[a] Exemestane GH [GQ]
		[B]4.00	71.58	41.30	[a] Aromasin [PF]	

▪ EXEMESTANE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer extended beyond 5 years, i.e. a patient who has received 2 years of tamoxifen therapy may only receive 3 years of PBS-subsidised treatment with exemestane.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

exemestane 25 mg tablet, 30

8506Q

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	67.58	41.30	[a] APO-Exemestane [TX] [a] Exemestane Sandoz [SZ]	[a] Exemestane GH [GQ]
		[B]4.00	71.58	41.30	[a] Aromasin [PF]	

▪ LETROZOLE

Note This drug is not PBS-subsidised for primary prevention of breast cancer.

Note This drug is not PBS-subsidised for adjuvant hormonal treatment of early breast cancer where the total duration of this drug (or any other aromatase inhibitor) treatment extends beyond 5 years.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Breast cancer

Clinical criteria:

- The condition must be hormone receptor positive.

letrozole 2.5 mg tablet, 30

8245Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	31.87	33.17	[a] APO-Letrozole [TX] [a] Fera [AS] [a] Letrozole APOTEX [GX] [a] Letrozole GH [HQ] [a] Pharmacor Letrozole 2.5 [CR]	[a] Femolet [AF] [a] Gynotril [ZS] [a] Letrozole FBM [FO] [a] Letrozole Sandoz [SZ]
		[B]5.00	36.87	33.17	[a] Femara 2.5 mg [NV]	

Other hormone antagonists and related agents

▪ ABIRATERONE

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Castration resistant metastatic carcinoma of the prostate

Clinical criteria:

- The treatment must be used in combination with a corticosteroid, **AND**
- The treatment must not be used in combination with chemotherapy, **AND**
- Patient must have a WHO performance status of 2 or less, **AND**
- Patient must not receive PBS-subsidised treatment with this drug if progressive disease develops while on this drug, **AND**
- Patient must not be undergoing treatment with this drug following treatment with any of: (i) darolutamide, (ii) enzalutamide; OR
- Patient must have developed an intolerance to enzalutamide of a severity necessitating permanent treatment withdrawal.

abiraterone acetate 250 mg tablet, 120

2698B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3442.08	41.30	Zytiga [JC]

abiraterone acetate 500 mg tablet, 60

11206T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3442.08	41.30	Zytiga [JC]

▪ DEGARELIX

Restricted benefit

Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate

degarelix 80 mg injection [1 vial] (&) inert substance diluent [1 syringe], 1 pack

2784M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	362.40	41.30	Firmagon 80mg [FP]

▪ DEGARELIX

Note No applications for increased maximum quantities and/or repeats will be authorised for the 120 mg powder for injection.

Restricted benefit

Locally advanced (equivalent to stage C) or metastatic (equivalent to stage D) carcinoma of the prostate

degarelix 120 mg injection [2 vials] (&) inert substance diluent [2 syringes], 1 pack

2785N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	379.01	41.30	Firmagon 120mg [FP]

▪ IMMUNOSTIMULANTS

IMMUNOSTIMULANTS

Interferons

▪ INTERFERON BETA-1A

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

7695

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required (STREAMLINED)

6860

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

interferon beta-1a 12 million units (44 microgram)/0.5 mL injection, 12 x 0.5 mL syringes

8403G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	865.62	41.30	Rebif 44 [SG]

interferon beta-1a 36 million units (132 microgram)/1.5 mL injection, 4 x 1.5 mL cartridges

9332E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	865.62	41.30	Rebif 44 [SG]

interferon beta-1a 12 million units (44 microgram)/0.5 mL injection, 12 x 0.5 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8968B	1	5	..	865.62	41.30	Rebif 44 [SG]

interferon beta-1a 6 million units (30 microgram)/0.5 mL injection, 4 x 0.5 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8805K	1	5	..	865.62	41.30	Avonex [BD]

▪ INTERFERON BETA-1B

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

7695

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required (STREAMLINED)

6860

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

interferon beta-1b 8 million units (250 microgram) injection [15 vials] (&) inert substance diluent [15 x 1.2 mL syringes], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8101J	1	5	..	997.66	41.30	Betaferon [BN]

▪ PEGINTERFERON ALFA-2A

peginterferon alfa-2a 180 microgram/0.5 mL injection, 4 x 0.5 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11037X NP	1	5	..	694.95	41.30	Pegasys [RO]

peginterferon alfa-2a 135 microgram/0.5 mL injection, 4 x 0.5 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11416W NP	1	5	..	601.04	41.30	Pegasys [RO]

▪ PEGINTERFERON BETA-1A

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

7695

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

peginterferon beta-1a 63 microgram/0.5 mL injection [0.5 mL pen device] (&) peginterferon beta-1a 94 microgram/0.5 mL injection [0.5 mL pen device], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10218T	‡1	..	..	1001.59	41.30	Plegridy [BD]

peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10212L	1	4	..	1001.59	41.30	Plegridy [BD]

▪ PEGINTERFERON BETA-1A

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)
6860
Multiple sclerosis
Treatment Phase: Continuing treatment
Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

peginterferon beta-1a 125 microgram/0.5 mL injection, 2 x 0.5 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10220X	1	5	..	1001.59	41.30	Plegridy [BD]

Other immunostimulants

▪ GLATIRAMER ACETATE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)
7695
Multiple sclerosis
Treatment Phase: Initial treatment
Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required (STREAMLINED)
6860
Multiple sclerosis
Treatment Phase: Continuing treatment
Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

glatiramer acetate 40 mg/mL injection, 12 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10416F	1	5	..	895.04	41.30	Copaxone [TB]

▪ MYCOBACTERIUM BOVIS (BACILLUS CALMETTE AND GUERIN (BCG)) TICE STRAIN

Restricted benefit
Primary and relapsing superficial urothelial carcinoma of the bladder

Mycobacterium bovis (Bacillus Calmette and Guerin (BCG)) Tice strain 500 million CFU injection, 3 vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1131M	1	1	..	458.09	41.30	OncoTICE [MK]

IMMUNOSUPPRESSANTS

IMMUNOSUPPRESSANTS

Selective immunosuppressants

ABATACEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)

Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Rituximab patients:

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient

may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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abatacept 125 mg/mL injection, 4 x 1 mL syringes

1221G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	958.82	41.30	Orencia [BQ]

abatacept 125 mg/mL injection, 4 x 1 mL pen devices

11684Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	958.82	41.30	Orencia ClickJect [BQ]

▪ ABATACEPT

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 5 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 5 repeats.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.

The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - critical shortage of tocilizumab' PBS listing.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab), **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis.
This PBS listings is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

abatacept 125 mg/mL injection, 4 x 1 mL syringes

12758L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	958.82	41.30	Orencia [BQ]

abatacept 125 mg/mL injection, 4 x 1 mL pen devices

12680J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	958.82	41.30	Orencia ClickJect [BQ]

▪ ABATACEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)

Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

At the time of authority application, medical practitioners should request the appropriate number of vials to provide sufficient drug, based on the weight of the patient, for a single infusion.

Up to a maximum of 4 repeats will be authorised.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months).

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

Initial treatment with an I.V. loading dose: Two completed authority prescriptions must be submitted with the initial application. One prescription must be for the I.V. loading dose for sufficient vials for one dose based on the patient's weight

with no repeats. The second prescription must be written for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats.

Initial treatment with no loading dose: One completed authority prescription must be submitted with the initial application. The prescription must be written with a maximum quantity of 4 and up to 3 repeats.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

abatacept 125 mg/mL injection, 4 x 1 mL syringes

1220F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	958.82	41.30	Orencia [BQ]

abatacept 125 mg/mL injection, 4 x 1 mL pen devices

11693K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	958.82	41.30	Orencia ClickJect [BQ]

▪ APREMILAST

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

11115

Severe chronic plaque psoriasis

Clinical criteria:

- Patient must have failed to achieve an adequate response after at least 6 weeks of treatment with methotrexate prior to initiating treatment with this drug; OR
- Patient must have a contraindication to methotrexate according to the Therapeutic Goods Administration (TGA) approved Product Information; OR
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate, **AND**
- The condition must have caused significant interference with quality of life, **AND**

- Patient must not be undergoing concurrent PBS-subsidised treatment for psoriasis with each of: (i) a biological medicine, (ii) ciclosporin.

Treatment criteria:

- Must be treated by a dermatologist.

Population criteria:

- Patient must be aged 18 years or older.

apremilast 30 mg tablet, 56

12223H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	652.80	41.30	Otezla [AN]

apremilast 10 mg tablet [4] (&) apremilast 20 mg tablet [4] (&) apremilast 30 mg tablet [19], 27

12218C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	272.29	41.30	Otezla [AN]

▪ BARICITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)

Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of

more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Population criteria:

- Patient must be aged 18 years or older.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

baricitinib 2 mg tablet, 28

11442F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1271.40	41.30	Olumiant [LY]

baricitinib 4 mg tablet, 28

11443G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1271.40	41.30	Olumiant [LY]

▪ BARICITINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.
The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).
Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - critical shortage of tocilizumab' PBS listing.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

AND

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis.

This PBS listings is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

baricitinib 2 mg tablet, 28

12708W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1271.40	41.30	Olumiant [LY]

baricitinib 4 mg tablet, 28

12730B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1271.40	41.30	Olumiant [LY]

▪ BARICITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)

Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous

infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available

on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

baricitinib 2 mg tablet, 28

11437Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1271.40	41.30	Olumiant [LY]

baricitinib 4 mg tablet, 28

11447L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1271.40	41.30	Olumiant [LY]

▪ CLADRIBINE

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10170

Relapsing remitting multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed by a neurologist, **AND**
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, with written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

The prescriber should write authority prescriptions for the appropriate combination of packs (1, 4 or 6 tablets) to provide sufficient drug for a treatment week based on the weight of the patient in accordance with the TGA approved Product Information. Separate authority prescriptions may be required where the dose for treatment week 5 is different to the dose for treatment week 1.

Authority required (STREAMLINED)

10171

Relapsing remitting multiple sclerosis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate, this therapy.

The prescriber should request authority approval for the appropriate combination of packs (1, 4 or 6 tablets) to provide sufficient drug for a treatment week based on the weight of the patient in accordance with the TGA approved Product Information. Separate authority prescriptions may be required where the dose for treatment week 5 is different to the dose for treatment week 1.

cladribine 10 mg tablet, 4

11604R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*30825.54	41.30	Mavenclad [SG]

cladribine 10 mg tablet, 1

11603Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	3994.26	41.30	Mavenclad [SG]

cladribine 10 mg tablet, 6

11611D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	23159.46	41.30	Mavenclad [SG]

▪ EVEROLIMUS

Caution Careful monitoring of patients is mandatory.

everolimus 1 mg tablet, 60

9352F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*1674.72	41.30	[a] Certican [NV]	[a] Everocan [CR]

everolimus 750 microgram tablet, 60

8842J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*1272.02	41.30	[a] Certican [NV]	[a] Everocan [CR]

everolimus 250 microgram tablet, 60

8840G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	223.57	41.30	[a] Certican [NV]	[a] Everocan [CR]

everolimus 500 microgram tablet, 60

8841H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	440.06	41.30	[a] Certican [NV]	[a] Everocan [CR]

▪ FINGOLIMOD

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10198

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Population criteria:

- Patient must weigh 40 kg or less.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required (STREAMLINED)

10093

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Population criteria:

- Patient must weigh 40 kg or less.

fingolimod 250 microgram capsule, 28

11818B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2219.51	41.30	Gilenya [NV]

▪ FINGOLIMOD

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10162

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required (STREAMLINED)

10172

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

fingolimod 500 microgram capsule, 28

5262Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2219.51	41.30	Gilenya [NV]

▪ LEFLUNOMIDE

Caution Leflunomide is a category X drug and must not be given to pregnant women. Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.

Authority required (STREAMLINED)

5766

Severe active psoriatic arthritis

Clinical criteria:

- Patient must have previously received, and failed to achieve an adequate response to, one or more disease modifying anti-rheumatic drugs including methotrexate; OR
- Patient must be clinically inappropriate for treatment with one or more disease modifying anti-rheumatic drugs including methotrexate, **AND**
- The treatment must be initiated by a physician.

leflunomide 10 mg tablet, 30

5449T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	33.64	34.94	[a] Arabloc [AV] [a] Ataris 10 [AF] [a] Leflunomide generichealth [HQ]	[a] Arava [SW] [a] Leflunomide APOTEX [GX] [a] Leflunomide Sandoz [SZ]

leflunomide 20 mg tablet, 30

5450W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	44.92	41.30	[a] Arabloc [AV] [a] Ataris 20 [AF] [a] Leflunomide generichealth [HQ]	[a] Arava [SW] [a] Leflunomide APOTEX [GX] [a] Leflunomide Sandoz [SZ]

▪ LEFLUNOMIDE

Caution Leflunomide is a category X drug and must not be given to pregnant women. Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.

Authority required (STREAMLINED)

5681

Severe active rheumatoid arthritis

Clinical criteria:

- Patient must have previously received, and failed to achieve an adequate response to, one or more disease modifying anti-rheumatic drugs including methotrexate; OR
- Patient must be clinically inappropriate for treatment with one or more disease modifying anti-rheumatic drugs including methotrexate, **AND**
- The treatment must be initiated by a physician.

leflunomide 10 mg tablet, 30

8374R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	33.64	34.94	[a] Arabloc [AV] [a] Ataris 10 [AF] [a] Leflunomide generichealth [HQ] [a] Lunava 10 [ZP]	[a] Arava [SW] [a] Leflunomide APOTEX [GX] [a] Leflunomide Sandoz [SZ]

leflunomide 20 mg tablet, 30

8375T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	44.92	41.30	[a] Arabloc [AV] [a] Ataris 20 [AF] [a] Leflunomide generichealth [HQ] [a] Lunava 20 [ZP]	[a] Arava [SW] [a] Leflunomide APOTEX [GX] [a] Leflunomide Sandoz [SZ]

▪ MYCOPHENOLATE

Caution Careful monitoring of patients is mandatory.

mycophenolate 360 mg enteric tablet, 120

2193K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	200.76	41.30	Myfortic [NV]

mycophenolate 180 mg enteric tablet, 120

2150E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	104.32	41.30	Myfortic [NV]

mycophenolate mofetil 500 mg tablet, 50

8650G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	5	..	*155.98	41.30	[a] APO-Mycophenolate [TX] [a] Ceptolate [AF] [a] Mycophenolate APOTEX [GX] [a] Mycophenolate Sandoz [SZ]	[a] CellCept [RO] [a] MycoCept [RF] [a] Mycophenolate GH [GQ] [a] Pharmacor Mycophenolate 500 [CR]

mycophenolate mofetil 1 g/5 mL powder for oral liquid, 165 mL

8651H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	#286.34	41.30	CellCept [RO]

▪ MYCOPHENOLATE

Caution Careful monitoring of patients is mandatory.

Note For item codes 8649F and 1836P, pharmaceutical benefits that have the form capsule 250 mg are equivalent for the purposes of substitution.

mycophenolate mofetil 250 mg capsule, 100

8649F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	5	..	*156.04	41.30	[a] APO-Mycophenolate [TX] [a] Mycophenolate Sandoz [SZ]	[a] CellCept [RO] [a] Pharmacor Mycophenolate 250 [CR]

mycophenolate mofetil 250 mg capsule, 50

1836P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*156.04	41.30	[a] Ceptolate [AF]

▪ OZANIMOD

Note The initiation pack is intended for use at the commencement of treatment and for re-initiation of therapy following treatment interruption. The first prescription for the 920 microgram capsules should occur under the Initial treatment restriction. Subsequent prescriptions should then occur under the Continuing treatment restriction. If treatment interruption of more than 14 consecutive days occurs for reasons other than lack of efficacy, apply under the Continuing treatment restriction for each of the Initiation pack and 920 microgram capsules. If treatment interruption occurs within the first 14 days, or, for more than 7 consecutive doses between treatment Days 15 to 28, re-apply for an initiation pack under the 'Initial treatment' treatment phase.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10162

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

Authority required (STREAMLINED)

10172

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

ozanimod 230 microgram capsule [4] (&) ozanimod 460 microgram capsule [3], 7

12278F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	588.01	41.30	Zeposia [CJ]

ozanimod 920 microgram capsule, 28

12271W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2219.51	41.30	Zeposia [CJ]

▪ SIPONIMOD

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10955

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be/have previously been diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of at least one of the brain/spinal cord; OR
- The condition must be/have previously been diagnosed as clinically definite relapsing-remitting multiple sclerosis supported by written certification, which is documented in the patient's medical records, from a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory**,** with**/**without assistance**/**support, **AND**
- Patient must have mild disability in at least 3 functional systems; OR
- Patient must have moderate disability in at least 1 functional system.

Functional systems referred to in this restriction are the: visual, brain stem, pyramidal, cerebellar, sensory, bowel/bladder and cerebral/cognitive systems.

Select a dose and pack size appropriate for the patient's CYP2C9 metabolising enzyme status.

Note There is no specific Medical Benefits Schedule item for CYP2C9 metabolising enzyme status testing.

Authority required (STREAMLINED)

10953

Multiple sclerosis

Treatment Phase: Continuing treatment (including recommencement of treatment)

Clinical criteria:

- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**

- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must be ambulatory**,** with**/**without assistance**/**support, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Authority required (STREAMLINED)

10956

Multiple sclerosis

Treatment Phase: Grandfather treatment (transition from non-PBS-subsidised to PBS-subsidised treatment)

Clinical criteria:

- Patient must have commenced non-PBS-subsidised treatment with this drug for this PBS indication prior to 1 November 2020, **AND**
- The condition must have previously been diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of at least one of the brain/spinal cord prior to initiating non-PBS-subsidised treatment with this drug for this condition; OR
- The condition must have previously been diagnosed as clinically definite relapsing-remitting multiple sclerosis supported by written certification, which is documented in the patient's medical records, from a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient prior to initiating non-PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have mild disability in at least 3 functional systems prior to initiating non-PBS-subsidised treatment with this drug for this condition; OR
- Patient must have moderate disability in at least 1 functional system prior to initiating non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug, **AND**
- Patient must be ambulatory**,** with**/**without assistance**/**support, **AND**
- Patient must have demonstrated compliance with, and an ability to tolerate this therapy.

Functional systems referred to in this restriction are the: visual, brain stem, pyramidal, cerebellar, sensory, bowel/bladder and cerebral/cognitive systems.

A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

siponimod 2 mg tablet, 28

12158X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2219.51	41.30	Mayzent [NV]

siponimod 250 microgram tablet, 120

12160B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2219.52	41.30	Mayzent [NV]

siponimod 250 microgram tablet, 12

12172P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	239.46	41.30	Mayzent [NV]

▪ SIROLIMUS

Caution Careful monitoring of patients is mandatory.

sirolimus 1 mg/mL oral liquid, 60 mL

8725F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	528.67	41.30	Rapamune [PF]

sirolimus 500 microgram tablet, 100

8984W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	338.73	41.30	Rapamune [PF]

sirolimus 1 mg tablet, 100

8724E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	670.37	41.30	Rapamune [PF]

sirolimus 2 mg tablet, 100

8833X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1297.74	41.30	Rapamune [PF]

▪ TERIFLUNOMIDE

Caution Teriflunomide is a category X drug and must not be given to pregnant women or women of childbearing potential who are not currently using reliable contraception.

Pregnancy should be avoided for two years after cessation of therapy, unless special wash-out procedures are carried out.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

10150
Multiple sclerosis
Treatment Phase: Initial treatment
Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.
Authority required (STREAMLINED)
10199
Multiple sclerosis
Treatment Phase: Continuing treatment
Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

teriflunomide 14 mg tablet, 28

2898M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	497.86	41.30	[a] APO-TERIFLUNOMIDE [TX]	[a] Pharmacor Teriflunomide [CR]
					[a] TERIFLAGIO [RW]	[a] Teriflunomide Dr.Reddy's [RZ]
					[a] Teriflunomide GH [GQ]	[a] Teriflunomide Sandoz [SZ]
					[a] Terimide [AF]	

▪ TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.
A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.
Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.
Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.
The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant

restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tofacitinib 5 mg tablet, 56

10511F

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▪ TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of

more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tofacitinib 5 mg tablet, 56

11675L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
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Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available

on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.
The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).
Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - critical shortage of tocilizumab' PBS listing.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

AND

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis.
This PBS listings is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

tofacitinib 5 mg tablet, 56

12720L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
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Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to

show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)

Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Rituximab patients:

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and Infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR

- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**

- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tofacitinib 5 mg tablet, 56

10517M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1211.02	41.30	Xeljanz [PF]

▪ TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab,

tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs

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Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tofacitinib 5 mg tablet, 56

11690G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1211.02	41.30	Xeljanz [PF]

▪ TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or

(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of

treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Vedolizumab subcutaneous form only:
initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment

withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**

- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted between 8 and 16 weeks of therapy.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tofacitinib 10 mg tablet, 56

12588M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1979.57	41.30	Xeljanz [PF]

tofacitinib 5 mg tablet, 56

12556W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1211.02	41.30	Xeljanz [PF]

▪ TOFACITINIB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or

(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Vedolizumab subcutaneous form only:
initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug.

Population criteria:

- Patient must be aged 18 years or older.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note If a dose increase from tofacitinib 5mg twice daily to tofacitinib 10mg twice daily is required, tofacitinib 10mg may be authorised under the Balance of supply restriction to complete up to 24 weeks continuing treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Grandfather treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition prior to 1 July 2021, **AND**
- Patient must be receiving treatment with this drug for this condition at the time of application, **AND**
- Patient must have had a Mayo clinic score greater than or equal to 6 prior to commencing non-PBS-subsidised treatment with this drug for this condition; OR
- Patient must have had a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores were both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo score) prior to commencing non-PBS-subsidised treatment with this drug for this condition; OR
- Patient must have a documented history of moderate to severe refractory ulcerative colitis prior to having commenced non-PBS-subsidised treatment with this drug for this condition where a Mayo clinic or partial Mayo clinic baseline assessment is not available, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed baseline Mayo clinic or partial Mayo clinic calculation sheet prior to initiating treatment (if available) including the date of assessment;

(ii) the date of commencement of this drug.

A patient may qualify for PBS-subsidised treatment under this restriction once only.

For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the Continuing treatment criteria.

The assessment of the patient's response to this PBS-subsidised course of therapy must be conducted no later than 4 weeks from the cessation of the treatment course.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment or Grandfathered patients - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Grandfathered treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note If a dose increase from tofacitinib 5mg twice daily to tofacitinib 10mg twice daily is required, tofacitinib 10mg may be authorised under this restriction to complete up to 24 weeks continuing treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tofacitinib 10 mg tablet, 56

12589N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1979.57	41.30	Xeljanz [PF]

tofacitinib 5 mg tablet, 56

12557X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1211.02	41.30	Xeljanz [PF]

▪ UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of

more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.
Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.
Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.
The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Population criteria:

- Patient must be aged 18 years or older.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

11979L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1271.40	41.30	Rinvoq [VE]

▪ UPADACITINIB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.
The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).
Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - critical shortage of tocilizumab' PBS listing.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

AND

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis.
This PBS listings is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

upadacitinib 15 mg modified release tablet, 28

12685P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1271.40	41.30	Rinvoq [VE]

▪ UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of

therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe psoriatic arthritis

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received treatment with this drug for this PBS indication prior to 1 October 2021, **AND**
- Patient must be receiving treatment with this drug for this condition at the time of application, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months prior to initiating non-PBS subsidised treatment with this drug for this condition, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months prior to initiating non-PBS subsidised treatment with this drug for this condition; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months prior to initiating non-PBS subsidised treatment with this drug for this condition, **AND**

- Patient must have demonstrated an adequate response following at least 12 weeks of non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The assessment of the patient's response to this PBS-subsidised course of therapy must be conducted no later than 4 weeks from the cessation of the treatment course.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the continuing treatment criteria.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice); and

(3) the date of commencement of this drug; and

(4) results of the baseline patient assessment prior to initiation of non-PBS subsidised therapy with this drug.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

upadacitinib 15 mg modified release tablet, 28

12648Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1271.40	41.30	Rinvoq [VE]

▪ UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate

a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.
A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.
Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.
Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.
The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have

demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR

- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response to DMARD treatment and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour and/or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, conducted within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**

- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count, ESR and/or CRP must be no more than 4 weeks old at the time of application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker must be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

11989B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1271.40	41.30	Rinvoq [VE]

▪ UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term

'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed

treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

12624K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1271.40	41.30	Rinvoq [VE]

▪ UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

Grandfather patients (upadacitinib only)

A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised

treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Ankylosing spondylitis

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply - Grandfather arrangements

Clinical criteria:

- Patient must have received treatment with this drug for this PBS indication prior to 1 October 2021, **AND**
- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must have had at least 2 of the following prior to initiating treatment with this drug for this condition: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have had failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, prior to initiating non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response to NSAIDs and must have been demonstrated prior to initiation of non-PBS subsidised treatment with this biological medicine for this condition:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must have been determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. If the above requirement to demonstrate an elevated ESR or CRP could not be met, the application must state the reason this criterion could not be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) details of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the continuing treatment criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

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HOBART TAS 7001

upadacitinib 15 mg modified release tablet, 28

12621G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1271.40	41.30	Rinvoq [VE]

▪ UPADACITINIB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than

5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
Grandfather patients (upadacitinib only)
A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) details of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 4 weeks old at the time of application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing

Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**

- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) details of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a BASDAI score.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

upadacitinib 15 mg modified release tablet, 28

12625L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1271.40	41.30	Rinvoq [VE]

▪ VEDOLIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:
A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
Adalimumab and infliximab intravenous form only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that
biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

Note Special Pricing Arrangements apply.

Note No increase in the maximum quantity or number of units may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply for Initial treatment, Continuing treatment or Grandfather patient - subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment with subcutaneous form to complete 14 to 16 weeks Initial treatment (intravenous and subcutaneous inclusive); OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment to complete 24 weeks of treatment; OR
- Patient must have received insufficient therapy with this drug under the Grandfather treatment to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of doses up to 14 to 16 weeks therapy available under Initial treatment - subcutaneous form; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment - subcutaneous form; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy under Initial PBS-subsidised treatment (Grandfather patient) - subcutaneous form.

Population criteria:

- Patient must be aged 18 years or older.

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

12620F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1746.39	41.30	Entyvio [TK]

▪ VEDOLIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological

medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).
Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.
From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).
From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.
Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.

Adalimumab and infliximab intravenous form only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that
biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

Note Special Pricing Arrangements apply.

Note No increase in the maximum quantity or number of units may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment with subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received at least 2 of the 3 initial intravenous infusions with this drug for this condition at weeks 0, 2 and 3 under Initial 1 (new patient); OR
- Patient must have received at least 2 of the 3 initial intravenous infusions with this drug for this condition at weeks 0, 2 and 3 under Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years); OR
- Patient must have received at least 2 of the 3 initial intravenous infusions with this drug for this condition at weeks 0, 2 and 3 under Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years); OR
- Patient must have a concurrent authority application for the intravenous infusion for this condition under either Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years), **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

Population criteria:

- Patient must be aged 18 years or older.

Where two initial doses of vedolizumab (at weeks 0 and 2) are administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. The maximum listed quantity and 2 repeats should be requested to provide for weeks 6, 8, 10, 12, 14 and 16.

Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity with no repeats should be requested to provide for weeks 14 and 16.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

12638E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1746.39	41.30	Entyvio [TK]

▪ VEDOLIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or

(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Vedolizumab subcutaneous form only:
initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note Special Pricing Arrangements apply.

Note No increase in the maximum quantity or number of units may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment with subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received at least 2 of the 3 initial intravenous infusions with this drug for this condition at weeks 0, 2 and 6 under Initial 1 (new patient); OR
- Patient must have received at least 2 of the 3 initial intravenous infusions with this drug for this condition at weeks 0, 2 and 6 under Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years); OR
- Patient must have received at least 2 of the 3 initial intravenous infusions with this drug for this condition at weeks 0, 2 and 6 under Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years); OR

- Patient must have a concurrent authority application for the intravenous infusion for this condition under either Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years), **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

Population criteria:

- Patient must be aged 18 years or older.

Where two initial doses of vedolizumab (at weeks 0 and 2) are administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. The maximum listed quantity and 2 repeats should be requested to provide for weeks 6, 8, 10, 12, 14 and 16.

Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity with no repeats should be requested to provide for weeks 14 and 16.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

12644L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1746.39	41.30	Entyvio [TK]

▪ VEDOLIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or

(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy

of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Vedolizumab subcutaneous form only:
initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note Special Pricing Arrangements apply.

Note No increase in the maximum quantity or number of units may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Balance of supply for Initial treatment, Continuing treatment or Grandfather patient - subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment with subcutaneous form to complete 14 to 16 weeks Initial treatment (intravenous and subcutaneous inclusive); OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment to complete 24 weeks of treatment; OR

- Patient must have received insufficient therapy with this drug under the Grandfather treatment to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of doses up to 14 to 16 weeks therapy available under Initial treatment - subcutaneous form; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment - subcutaneous form; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy under Initial PBS-subsidised treatment (Grandfather patient) - subcutaneous form.

Population criteria:

- Patient must be aged 18 years or older.

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

12647P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1746.39	41.30	Entyvio [TK]

▪ VEDOLIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with

subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
Adalimumab and infliximab intravenous form only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that
biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

Note Special Pricing Arrangements apply.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Continuing treatment with subcutaneous form or switching from intravenous form to subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR
- Patient must have received this drug in the intravenous form as their most recent course of PBS-subsidised biological medicine for this condition under the vedolizumab intravenous form continuing treatment restriction, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient; OR
- Patient must have demonstrated an adequate response to treatment with this drug in the intravenous form, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

Population criteria:

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition, if relevant; or

(ii) the reports and dates of the pathology test or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and

(iii) the date of clinical assessment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Up to a maximum of 5 repeats will be authorised.

If fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks treatment may be requested by telephone or electronically via the Online PBS Authorities system and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will immediate assessment approvals be granted for continuing authority applications, or for treatment that would otherwise extend the continuing treatment period.

Authority required

Severe Crohn disease

Treatment Phase: Initial PBS-subsidised treatment (Grandfather patient) - subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition prior to 1 September 2021, **AND**
- Patient must have previously received induction treatment consisting of at least 2 doses with this drug for this condition in the intravenous form, **AND**
- Patient must be receiving treatment with this drug for this condition at the time of application, **AND**
- Patient must have had a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 prior to commencing treatment with this drug; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; OR

- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient; OR
- Patient must have demonstrated an adequate response to treatment with this drug in the intravenous form, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The authority application must include the following:

(i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition, if relevant; or

(ii) the reports and dates of the pathology test or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and

(iii) the date of most recent clinical assessment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the continuing treatment criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

12654B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1746.39	41.30	Entyvio [TK]

▪ VEDOLIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or
(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Vedolizumab subcutaneous form only:
initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note Special Pricing Arrangements apply.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment with subcutaneous form or switching from intravenous form to subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR
- Patient must have received this drug in the intravenous form as their most recent course of PBS-subsidised biological medicine for this condition under the vedolizumab intravenous form continuing treatment restriction, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated an adequate response to treatment with this drug in the intravenous form, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

Population criteria:

- Patient must be aged 18 years or older.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Up to a maximum of 5 repeats will be authorised.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial PBS-subsidised treatment (Grandfather patient) - subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with this drug for this condition prior to 1 September 2021, **AND**
- Patient must have previously received induction treatment consisting of at least 2 doses with this drug for this condition in the intravenous form, **AND**
- Patient must have had a Mayo clinic score greater than or equal to 6 prior to commencing non-PBS-subsidised treatment with this drug for this condition; OR
- Patient must have had a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores were both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo score) prior to commencing non-PBS-subsidised treatment with this drug for this condition; OR
- Patient must have a documented history of moderate to severe refractory ulcerative colitis prior to having commenced non-PBS-subsidised treatment with this drug for this condition where a Mayo clinic or partial Mayo clinic baseline assessment is not available, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated an adequate response to treatment with this drug in the intravenous form, **AND**
- Patient must be appropriately assessed for the risk of developing progressive multifocal leukoencephalopathy whilst on this treatment.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The authority application form must include the following:

(i) the completed baseline Mayo clinic or partial Mayo clinic calculation sheet prior to initiating treatment (if available) and current Mayo clinic or partial Mayo clinic calculation sheet to demonstrate response, including the date of assessment; and

(ii) If the baseline Mayo or partial Mayo clinic calculation is not available, reason must be provided; and

(iii) the date of commencement of this drug.

The current Mayo clinic or partial Mayo clinic assessment must be no more than 4 weeks old at the time of application. The baseline assessment must be from immediately prior to commencing treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the continuing treatment criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

vedolizumab 108 mg/0.68 mL injection, 2 x 0.68 mL pen devices

12639F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1746.39	41.30	Entyvio [TK]

Tumor necrosis factor alpha (TNF-alpha) inhibitors

▪ ADALIMUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11529

Moderate to severe hidradenitis suppurativa

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12330Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*1763.92	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.
A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.
From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.
Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised

biological medicine more than twice.
Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Severe Crohn disease

Treatment Phase: Balance of supply for paediatric patient

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR

- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under first continuing treatment or subsequent continuing treatment.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12379M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

10399H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply for paediatric patient

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under first continuing treatment or subsequent continuing treatment.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

10400J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.
Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab,

ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
Grandfather patients (upadacitinib only)
A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be

used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11634

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12328W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12327T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).
Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.
From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date

of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).
From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.
Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
Adalimumab and infliximab intravenous form only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that
biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11631

Severe Crohn disease

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12352D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12437N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab and infliximab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.
From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab or infliximab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab or infliximab while they continue to show a response to therapy.
A patient who received PBS-subsidised adalimumab or infliximab treatment prior to 1 April 2011 is considered to have

started their treatment cycle as of 1 April 2011.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab or infliximab more than twice.
Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab or infliximab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab or infliximab under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab or infliximab therapy after 1 April 2011.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised adalimumab or infliximab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab or infliximab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with adalimumab or infliximab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab or infliximab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab or infliximab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11524

Complex refractory Fistulising Crohn disease

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR

- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological agent treatment for this condition in this treatment cycle, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition.

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A maximum of 24 weeks treatment will be authorised under this restriction.

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12353E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12367X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11604

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12401Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12365T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply for paediatric patient

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under first continuing treatment or subsequent continuing treatment.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12411F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	885.50	41.30	[a] Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab,

ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11523

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The measurement of response to the prior course of therapy must have been conducted following a minimum of 12 weeks of therapy with this drug and must be documented in the patient's medical records.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12415K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12438P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.

A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11718

Severe Crohn disease

Treatment Phase: Subsequent continuing treatment of Crohn disease in a paediatric patient assessed by PCDAI

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have a reduction in PCDAI Score by at least 15 points from baseline value, **AND**
- Patient must have a total PCDAI score of 40 points or less, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

The PCDAI assessment must be no more than 4 weeks old at the time of application.

Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12420Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12434K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12436M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*923.40	41.30	Amgevita [AN]

▪ ADALIMUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial 1 (new patient) or Initial 2 (recommencement of treatment) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (recommencement of treatment) restriction to complete 16 weeks treatment.

Treatment criteria:

- Must be treated by a dermatologist.

A maximum of 12 weeks of treatment will be authorised under this restriction.

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12395J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*1763.92	41.30	Humira [VE]

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12449F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*1763.92	41.30	Humira [VE]

▪ ADALIMUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the Hidradenitis Suppurativa Clinical Response (HiSCR) result.

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12408C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1763.92	41.30	Humira [VE]

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12448E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1763.92	41.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.
A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.
From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.
Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.
Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to

commence such therapy - Initial 1 (new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Severe Crohn disease

Treatment Phase: First continuing treatment of Crohn disease in a paediatric patient assessed by PCDAI

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have a reduction in PCDAI Score by at least 15 points from baseline value, **AND**
- Patient must have a total PCDAI score of 40 points or less, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR

- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PCDAI assessment must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

Authority required

Severe Crohn disease

Treatment Phase: Subsequent continuing treatment of Crohn disease in a paediatric patient assessed by PCDAI

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have a reduction in PCDAI Score by at least 15 points from baseline value, **AND**
- Patient must have a total PCDAI score of 40 points or less, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PCDAI assessment must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12413H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

10412B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.
A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.
From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-

subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.
Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.
Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Authority required

Severe Crohn disease

Treatment Phase: First continuing treatment of Crohn disease in a paediatric patient assessed by PCDAI

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have a reduction in PCDAI Score by at least 15 points from baseline value, **AND**
- Patient must have a total PCDAI score of 40 points or less, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PCDAI assessment must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

Authority required

Severe Crohn disease

Treatment Phase: Subsequent continuing treatment of Crohn disease in a paediatric patient assessed by PCDAI

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have a reduction in PCDAI Score by at least 15 points from baseline value, **AND**
- Patient must have a total PCDAI score of 40 points or less, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PCDAI assessment must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12341M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

10420K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or

(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Vedolizumab subcutaneous form only:

initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis.
Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.
From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11579

Moderate to severe ulcerative colitis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be 6 years of age or older.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12334E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12325Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12351C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*923.40	41.30	Amgevita [AN]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)

Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be

submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Authority required (STREAMLINED)

11605

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12329X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12326R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant

continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.

(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

11635

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required (STREAMLINED)

11606

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to their most recent course of treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12403T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12366W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]

[a] Hyrimoz [SZ] [a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
Adalimumab and infliximab intravenous form only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that
biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

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Authority required

Severe Crohn disease

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient dose. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

Authority required

Severe Crohn disease

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug within this treatment cycle, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient dose. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12389C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9191R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they

continue to sustain the response.
It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
Adalimumab and infliximab intravenous form only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that
biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Severe Crohn disease

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR

- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient dose. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

Authority required

Severe Crohn disease

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug within this treatment cycle, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient dose. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12410E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9189P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.

A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply for paediatric patient

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under first continuing treatment or subsequent continuing treatment.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12423W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	923.39	41.30	[a] Humira [VE]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12354F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*923.40	41.30	[a] Amgevita [AN]

▪ ADALIMUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; OR
- Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; OR
- Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be limited to a maximum duration of 16 weeks.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient) or Initial 2 (recommencement of treatment) - balance of supply

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes:

(i) the Hurley stage grading; and

(ii) the AN count; and

(iii) the name of the antibiotic/s received for two separate courses each of three months; or

(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics. The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 2 (recommencement of treatment)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have demonstrated a response to the most recent PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be limited to a maximum duration of 16 weeks.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient) or Initial 2 (recommencement of treatment) - balance of supply

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes:

(i) the Hurley stage grading; and

(ii) the AN count.

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12524E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	Humira [VE]

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12450G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	Humira [VE]

▪ ADALIMUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 2 may be substituted for pharmaceutical benefits that have a pack size of 4 or a pack size of 6, in combinations equivalent to the maximum quantity number of units.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial 1 (new patient) or Initial 2 (recommencement of treatment) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (recommencement of treatment) restriction to complete 16 weeks treatment.

Treatment criteria:

- Must be treated by a dermatologist.

A maximum of 12 weeks of treatment will be authorised under this restriction.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12383R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*1763.92	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12385W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	2	..	*1763.92	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

adalimumab 40 mg/0.4 mL injection, 4 x 0.4 mL pen devices

12336G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1782.86	41.30	[a] Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Authority required

Severe Crohn disease

Treatment Phase: First continuing treatment of Crohn disease in a paediatric patient assessed by PCDAI

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have a reduction in PCDAI Score by at least 15 points from baseline value, **AND**
- Patient must have a total PCDAI score of 40 points or less, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PCDAI assessment must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

Authority required

Severe Crohn disease

Treatment Phase: Subsequent continuing treatment of Crohn disease in a paediatric patient assessed by PCDAI

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have a reduction in PCDAI Score by at least 15 points from baseline value, **AND**
- Patient must have a total PCDAI score of 40 points or less, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PCDAI assessment must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are only eligible to receive subsequent continuing PBS-subsidised treatment with this drug in courses of up to 24 weeks providing they continue to sustain the response.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12424X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	923.39	41.30	[a] Humira [VE]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12440R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*923.40	41.30	[a] Amgevita [AN]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-

7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).
Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.
From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).
From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.
Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
Adalimumab and infliximab intravenous form only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to

receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that
biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.
Prescribing the 40 mg presentation:
One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.
Prescribing the 80 mg presentation:
One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Population criteria:

- Patient must be aged 18 years or older.

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have failed to achieve an adequate response to prior systemic therapy with a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**

- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of failure to achieve an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Evidence of failure to achieve an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

All assessments, pathology tests and diagnostic imaging studies must be made within 4 weeks of the date of application and should be performed preferably whilst still on conventional treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the first or subsequent continuing treatment restrictions. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of

biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 that is no more than 4 weeks old at the time of application; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220 and that is no more than 4 weeks old at the time of application, **AND**
- Patient must have evidence of intestinal inflammation; OR
- Patient must be assessed clinically as being in a high faecal output state; OR
- Patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the first or subsequent continuing treatment restrictions. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12372E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	Humira [VE]

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12419P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

Grandfather patients (upadacitinib only)

A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity

(i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online

Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12361N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9078T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

Grandfather patients (upadacitinib only)

A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended

that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

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Authority required

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12363Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9104E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4

weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient doses for up to 24 weeks treatment. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12399N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

5283C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.
From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:
(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and
(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.
The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

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Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR

- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient doses for up to 24 weeks treatment. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12425Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

5284D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

▪ ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients over 18 years who have a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS-subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.
Alternative biological medicine refers to adalimumab and etanercept.
Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab), **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.
This PBS listings is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12701L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12690X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients over 18 years who have a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS-subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.
Alternative biological medicine refers to adalimumab and etanercept.
Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab), **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.
This PBS listings is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

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adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12752E	1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12741N	1	5	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

▪ ADALIMUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 2 may be substituted for pharmaceutical benefits that have a pack size of 4 or a pack size of 6, in combinations equivalent to the maximum quantity number of units.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the Hidradenitis Suppurativa Clinical Response (HiSCR) result.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated a response to treatment with this drug for this condition.

Treatment criteria:

- Must be treated by a dermatologist.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A maximum of 24 weeks treatment will be authorised under this restriction per continuing treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the Hidradenitis Suppurativa Clinical Response (HiSCR) result.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12414J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1763.92	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12369B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*1763.92	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

adalimumab 40 mg/0.4 mL injection, 4 x 0.4 mL pen devices

12418N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1782.86	41.30	[a] Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab or infliximab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab or infliximab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab or infliximab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab or infliximab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab or infliximab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab or infliximab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab or infliximab therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised adalimumab or infliximab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab or infliximab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with adalimumab or infliximab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended

that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab or infliximab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab or infliximab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.
Prescribing the 40 mg presentation:
One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.
Prescribing the 80 mg presentation:
One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient or recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have an externally draining enterocutaneous or rectovaginal fistula.

Applications for authorisation must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes a completed current Fistula Assessment Form including the date of assessment of the patient's condition of no more than 4 weeks old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition more than once in the current treatment cycle.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Applications for authorisation must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and

(ii) details of prior biological medicine treatment including details of date and duration of treatment.

The most recent fistula assessment must be no more than 4 weeks old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12393G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	Humira [VE]

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12360M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.
Prescribing the 40 mg presentation:
For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.
Prescribing the 80 mg presentation:
For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.
Patient weighing less than 40 kg:
For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.
Requests for quantities/repeats insufficient to complete 16 weeks:
If fewer than 2 repeats (for patients 40 kg or greater) or 3 repeats (for patients less than 40 kg) are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with this drug may be sought through the 'Balance of Supply' PBS restriction.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**

- Patient must have failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy including azathioprine at a dose of at least 2 mg per kg daily for 3 or more months, or, 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; OR
- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contra-indication to each of prednisolone (or equivalent), azathioprine, 6-mercaptopurine and methotrexate, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40 preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment and which is no more than 4 weeks old at the time of application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application. If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Services Australia website (www.servicesaustralia.gov.au).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition more than once in the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist, consultant physician, paediatrician or specialist paediatric gastroenterologist, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PCDAI assessment must be no more than 4 weeks old at the time of application.

A PCDAI assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks therapy so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12409D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	Humira [VE]

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12426B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of

more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or
(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Vedolizumab subcutaneous form only:
initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.
From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Moderate to severe ulcerative colitis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under this restriction.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12391E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

10960W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in

biological medicine therapy of less than 5 years); or
(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Vedolizumab subcutaneous form only:
initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis.
Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.
From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

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Authority required

Moderate to severe ulcerative colitis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR

- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under this restriction.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12358K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

10961X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 2 may be substituted for pharmaceutical benefits that have a pack size of 4 or a pack size of 6, in combinations equivalent to the maximum quantity number of units.

Note Biosimilar prescribing policy
Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have failed to achieve an adequate response to 2 courses of different antibiotics each for 3 months prior to initiation of PBS subsidised treatment with this drug for this condition; OR
- Patient must have had an adverse reaction to an antibiotic of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition; OR
- Patient must be contraindicated to treatment with an antibiotic due to an allergic reaction of a severity necessitating permanent treatment withdrawal resulting in the patient being unable to complete treatment with 2 different courses of antibiotics each for 3 months prior to initiation of PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be limited to a maximum duration of 16 weeks.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient) or Initial 2 (recommencement of treatment) - balance of supply

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes:

(i) the Hurley stage grading; and

(ii) the AN count; and

(iii) the name of the antibiotic/s received for two separate courses each of three months; or

(iv) confirmation that the adverse reaction or allergy to an antibiotic necessitated permanent treatment withdrawal resulting in the patient being unable to complete a three month course of antibiotics. The name of the one course of antibiotics of three months duration must be provided. Where the patient is unable to be treated with any courses of antibiotics the prescriber must confirm that the patient has a history of adverse reaction or allergy necessitating permanent treatment withdrawal to two different antibiotics.

Authority required

Moderate to severe hidradenitis suppurativa

Treatment Phase: Initial treatment - Initial 2 (recommencement of treatment)

Clinical criteria:

- Patient must have, at the time of application, a Hurley stage II or III grading with an abscess and inflammatory nodule (AN) count greater than or equal to 3, **AND**
- Patient must have demonstrated a response to the most recent PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be limited to a maximum duration of 16 weeks.

Treatment criteria:

- Must be treated by a dermatologist.

Assessment of disease severity must be no more than 4 weeks old at the time of application.

A response to treatment is defined as:

Achieving Hidradenitis Suppurativa Clinical Response (HiSCR) of a 50% reduction in AN count compared to baseline with no increase in abscesses or draining fistulae.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of authority application the prescriber must request the first 4 weeks of treatment under this restriction; and weeks 5 to 16 of treatment under Initial 1 (new patient) or Initial 2 (recommencement of treatment) - balance of supply

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes:

(i) the Hurley stage grading; and

(ii) the AN count.

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12454L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Humira [VE]

adalimumab 40 mg/0.4 mL injection, 6 x 0.4 mL pen devices

12343P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	2616.84	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12356H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started

their treatment cycle as of 1 August 2015.
Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.
Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:
For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:
For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Patient weighing less than 40 kg:
For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Requests for quantities/repeats insufficient to complete 16 weeks:

If fewer than 2 repeats (for patients 40 kg or greater) or 3 repeats (for patients less than 40 kg) are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with this drug may be sought through the 'Balance of Supply' PBS restriction.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

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Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must have failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy including azathioprine at a dose of at least 2 mg per kg daily for 3 or more months, or, 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; OR
- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contra-indication to each of prednisolone (or equivalent), azathioprine, 6-mercaptopurine and methotrexate, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40 preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment and which is no more than 4 weeks old at the time of application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application. If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Services Australia website (www.servicesaustralia.gov.au).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Note Biosimilar prescribing policy
Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition more than once in the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist, consultant physician, paediatrician or specialist paediatric gastroenterologist, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PCDAI assessment must be no more than 4 weeks old at the time of application.

A PCDAI assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks therapy so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12373F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

10413C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.

A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.
Prescribing the 40 mg presentation:
For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.
Prescribing the 80 mg presentation:
For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.
Patient weighing less than 40 kg:
For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.
Requests for quantities/repeats insufficient to complete 16 weeks:
If fewer than 2 repeats (for patients 40 kg or greater) or 3 repeats (for patients less than 40 kg) are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with this drug may be sought through the 'Balance of Supply' PBS restriction.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must have failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy including azathioprine at a dose of at least 2 mg per kg daily for 3 or more months, or, 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; OR
- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contra-indication to each of prednisolone (or equivalent), azathioprine, 6-mercaptopurine and methotrexate, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40 preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment and which is no more than 4 weeks old at the time of application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:
(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application. If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Services Australia website (www.servicesaustralia.gov.au).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition more than once in the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist, consultant physician, paediatrician or specialist paediatric gastroenterologist, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR

- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PCDAI assessment must be no more than 4 weeks old at the time of application.

A PCDAI assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks therapy so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12338J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

10419J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or

(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Vedolizumab subcutaneous form only:
initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis.
Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.
From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious

infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR

- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under this restriction.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated or sustained an adequate response to treatment by having a Paediatric Ulcerative Colitis Activity Index (PUCAI) score less than 10 while receiving treatment with this drug if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

Patients who have failed to maintain a partial Mayo clinic score of less than or equal to 2, with no subscore greater than 1, or, patients who have failed to maintain a Paediatric Ulcerative Colitis Activity Index (PUCAI) score of less than 10 (if aged 6 to 17 years) with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12337H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	923.39	41.30	[a] Humira [VE]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12357J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*923.40	41.30	[a] Amgevita [AN]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for

infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

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Authority required

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**

- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug within this treatment cycle, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12375H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9102C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.

However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:

(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or

(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and

(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that

they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug within this treatment cycle, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12398M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9034L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab or infliximab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab or infliximab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab or infliximab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab or infliximab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab or infliximab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab or infliximab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab or infliximab therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised adalimumab or infliximab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab or infliximab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with adalimumab or infliximab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the

alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab or infliximab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab or infliximab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition.

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Applications for authorisation must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes a completed Fistula Assessment form including the date of the assessment of the patient's condition.

The most recent fistula assessment must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient dose. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

A maximum of 24 weeks treatment will be authorised under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition.

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Applications for authorisation must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes a completed Fistula Assessment form including the date of the assessment of the patient's condition.

The most recent fistula assessment must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient dose. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

A maximum of 24 weeks treatment will be authorised under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

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adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12405X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

8964T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological

medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab and infliximab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.
From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab or infliximab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab or infliximab while they continue to show a response to therapy.
A patient who received PBS-subsidised adalimumab or infliximab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab or infliximab more than twice.
Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab or infliximab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab or infliximab under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab or infliximab therapy after 1 April 2011.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised adalimumab or infliximab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab or infliximab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with adalimumab or infliximab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab or infliximab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab or infliximab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

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Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition.

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Applications for authorisation must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes a completed Fistula Assessment form including the date of the assessment of the patient's condition.

The most recent fistula assessment must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient dose. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

A maximum of 24 weeks treatment will be authorised under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition.

An adequate response is defined as:

(a) a decrease from baseline in the number of open draining fistulae of greater than or equal to 50%; and/or

(b) a marked reduction in drainage of all fistula(e) from baseline, together with less pain and induration as reported by the patient.

Applications for authorisation must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes a completed Fistula Assessment form including the date of the assessment of the patient's condition.

The most recent fistula assessment must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats to provide sufficient dose. Up to a maximum of 5 repeats will be authorised.

Where fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 24 weeks of treatment with this drug may be requested through the balance of supply restriction.

A maximum of 24 weeks treatment will be authorised under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12446C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

8966X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.
The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).
Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - critical shortage of tocilizumab' PBS listing.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab), **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**

- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis.
This PBS listings is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12678G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12719K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.
The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).
Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - critical shortage of tocilizumab' PBS listing.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab), **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**

- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis.
This PBS listings is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12700K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12729Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).
Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.
From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).
From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.
Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
Adalimumab and infliximab intravenous form only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that

biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.

However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

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Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Population criteria:

- Patient must be aged 18 years or older.

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have failed to achieve an adequate response to prior systemic therapy with a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of failure to achieve an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Evidence of failure to achieve an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

All assessments, pathology tests and diagnostic imaging studies must be made within 4 weeks of the date of application and should be performed preferably whilst still on conventional treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the first or subsequent continuing treatment restrictions. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 that is no more than 4 weeks old at the time of application; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220 and that is no more than 4 weeks old at the time of application, **AND**
- Patient must have evidence of intestinal inflammation; OR
- Patient must be assessed clinically as being in a high faecal output state; OR
- Patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the first or subsequent continuing treatment restrictions. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks

from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under first continuing treatment or subsequent continuing treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12345R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9190Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.
From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:
(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and
(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.
The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recently approved PBS-subsidised biological medicine for this condition; OR
- Patient must not have received PBS-subsidised biological medicine for at least 5 years if they failed or ceased to respond to PBS-subsidised biological medicine treatment 3 times in their last treatment cycle, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measurements must be no more than 4 weeks old at the time of this application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after break of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12364R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

5281Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.
A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.
Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.
Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.
The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

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Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12390D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9100Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.
A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.
From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.
Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.
Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a

severity resulting in the necessity for permanent withdrawal of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.
Prescribing the 40 mg presentation:
For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.
Prescribing the 80 mg presentation:
For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.
Patient weighing less than 40 kg:
For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.
Requests for quantities/repeats insufficient to complete 16 weeks:
If fewer than 2 repeats (for patients 40 kg or greater) or 3 repeats (for patients less than 40 kg) are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with this drug may be sought through the 'Balance of Supply' PBS restriction.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 2 may be substituted for pharmaceutical benefits that have a pack size of 4 or a pack size of 6, in combinations equivalent to the maximum quantity number of units.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must have failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy including azathioprine at a dose of at least 2 mg per kg daily for 3 or more months, or, 6-mercaptopurine at a dose of at least 1 mg

per kg daily for 3 or more months, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; OR

- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contra-indication to each of prednisolone (or equivalent), azathioprine, 6-mercaptopurine and methotrexate, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40 preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment and which is no more than 4 weeks old at the time of application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application. If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Services Australia website (www.servicesaustralia.gov.au).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition more than once in the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist, consultant physician, paediatrician or specialist paediatric gastroenterologist, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PCDAI assessment must be no more than 4 weeks old at the time of application.

A PCDAI assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks therapy so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12455M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Humira [VE]

adalimumab 40 mg/0.4 mL injection, 6 x 0.4 mL syringes

12392F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	2616.84	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12416L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious

infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy
Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recently approved PBS-subsidised biological medicine for this condition; OR
- Patient must not have received PBS-subsidised biological medicine for at least 5 years if they failed or ceased to respond to PBS-subsidised biological medicine treatment 3 times in their last treatment cycle, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measurements must be no more than 4 weeks old at the time of this application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy
Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after break of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12428D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

5282B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of

more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.
Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.
Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.
The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12430F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

8741C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with

subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
Adalimumab and infliximab intravenous form only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that
biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Population criteria:

- Patient must be aged 18 years or older.

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have failed to achieve an adequate response to prior systemic therapy with a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months; OR

- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of failure to achieve an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Evidence of failure to achieve an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

All assessments, pathology tests and diagnostic imaging studies must be made within 4 weeks of the date of application and should be performed preferably whilst still on conventional treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the first or subsequent continuing treatment restrictions. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 that is no more than 4 weeks old at the time of application; OR

- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220 and that is no more than 4 weeks old at the time of application, **AND**
- Patient must have evidence of intestinal inflammation; OR
- Patient must be assessed clinically as being in a high faecal output state; OR
- Patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient,

AND

- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the first or subsequent continuing treatment restrictions. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under first continuing treatment or subsequent continuing treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12451H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9188N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.

From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.

Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.
Prescribing the 40 mg presentation:
For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.
Prescribing the 80 mg presentation:
For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.
Patient weighing less than 40 kg:
For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.
Requests for quantities/repeats insufficient to complete 16 weeks:
If fewer than 2 repeats (for patients 40 kg or greater) or 3 repeats (for patients less than 40 kg) are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with this drug may be sought through the 'Balance of Supply' PBS restriction.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must have failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy including azathioprine at a dose of at least 2 mg per kg daily for 3 or more months, or, 6-mercaptopurine at a dose of at least 1 mg

per kg daily for 3 or more months, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; OR

- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contra-indication to each of prednisolone (or equivalent), azathioprine, 6-mercaptopurine and methotrexate, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40 preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment and which is no more than 4 weeks old at the time of application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application. If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Services Australia website (www.servicesaustralia.gov.au).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition more than once in the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist, consultant physician, paediatrician or specialist paediatric gastroenterologist, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PCDAI assessment must be no more than 4 weeks old at the time of application.

A PCDAI assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks therapy so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12407B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	923.39	41.30	[a] Humira [VE]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12332C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*923.40	41.30	[a] Amgevita [AN]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive

multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or
(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Vedolizumab subcutaneous form only:
initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological

medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note No increase in the maximum number of repeats may be authorised.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Patient weighing less than 40 kg:

For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note At the time of the authority application, medical practitioners should request sufficient quantity for up to 16 weeks of treatment under this restriction.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; OR
- Patient must have previously received PBS-subsidised treatment with a biological medicine (adalimumab or infliximab) for this condition in this treatment cycle if aged 6 to 17 years, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; OR
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle more than once if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note At the time of the authority application, medical practitioners should request sufficient quantity for up to 16 weeks of treatment under this restriction.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12339K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	Humira [VE]

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12374G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF PAEDIATRIC PATIENTS WITH REFRACTORY CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with adalimumab for severe refractory Crohn disease and infliximab for moderate to severe refractory Crohn disease. Where the term "biological medicines" appears in the following notes and restrictions, it refers to adalimumab and infliximab only.
A patient is eligible for PBS-subsidised treatment with only one PBS-subsidised biological medicine at any one time.
From 1 August 2015, under the PBS, patients will be able to commence a treatment cycle where they may trial a PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 August 2015 is considered to have started their treatment cycle as of 1 August 2015.
Within the same treatment cycle, a paediatric patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.
Once a patient has either failed, or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 August 2015.

(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine therapy in this treatment cycle and wishes to commence such therapy - Initial 1 (new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (Change or Re-commencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 August 2015, a patient must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient with severe disease may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Crohn Disease Activity Index (PCDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy, immunosuppressive therapy or enteral nutrition.
A patient cannot swap to a biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the PCDAI submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A retrial of conventional therapies is not required.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:
For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:
For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Patient weighing less than 40 kg:
For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Requests for quantities/repeats insufficient to complete 16 weeks:
If fewer than 2 repeats (for patients 40 kg or greater) or 3 repeats (for patients less than 40 kg) are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with this drug may be sought through the 'Balance of Supply' PBS restriction.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 2 may be substituted for pharmaceutical benefits that have a pack size of 4 or a pack size of 6, in combinations equivalent to the maximum quantity number of units.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must have confirmed diagnosis of Crohn disease, defined by standard clinical, endoscopic and/or imaging features including histological evidence, **AND**
- Patient must have failed to achieve an adequate response to 2 of the following 3 conventional prior therapies including: (i) a tapered course of steroids, starting at a dose of at least 1 mg per kg or 40 mg (whichever is the lesser) prednisolone (or equivalent), over a 6 week period; (ii) an 8 week course of enteral nutrition; or (iii) immunosuppressive therapy including azathioprine at a dose of at least 2 mg per kg daily for 3 or more months, or, 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more months, or, methotrexate at a dose of at least 10 mg per square metre weekly for 3 or more months; OR
- Patient must have a documented intolerance of a severity necessitating permanent treatment withdrawal or a contra-indication to each of prednisolone (or equivalent), azathioprine, 6-mercaptopurine and methotrexate, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40 preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment and which is no more than 4 weeks old at the time of application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application. If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, please provide details of the degree of this toxicity at the time of application. Details of the accepted toxicities including severity can be found on the Services Australia website (www.servicesaustralia.gov.au).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Note **Biosimilar prescribing policy**

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition more than once in the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR

- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist, consultant physician, paediatrician or specialist paediatric gastroenterologist, **AND**
- Patient must have, at the time of application, disease severity considered to be severe as demonstrated by a Paediatric Crohn Disease Activity Index (PCDAI) Score greater than or equal to 40, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The PCDAI assessment must be no more than 4 weeks old at the time of application.

A PCDAI assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks therapy so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12432H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Humira [VE]

adalimumab 40 mg/0.4 mL injection, 6 x 0.4 mL pen devices

12441T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	2616.84	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12388B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab or infliximab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab or infliximab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab or infliximab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab or infliximab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab or infliximab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab or infliximab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab or infliximab therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised adalimumab or infliximab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab or infliximab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with adalimumab or infliximab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.

A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab or infliximab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.

A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting

in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab or infliximab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

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Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient or recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have an externally draining enterocutaneous or rectovaginal fistula.

Applications for authorisation must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes a completed current Fistula Assessment Form including the date of assessment of the patient's condition of no more than 4 weeks old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.
Prescribing the 40 mg presentation:
One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.
Prescribing the 80 mg presentation:
One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Biosimilar prescribing policy
Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**

- Patient must not have failed PBS-subsidised therapy with this drug for this condition more than once in the current treatment cycle.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Applications for authorisation must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and

(ii) details of prior biological medicine treatment including details of date and duration of treatment.

The most recent fistula assessment must be no more than 4 weeks old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial 1 (new patient or recommencement of treatment after a break in biological medicine of more than 5 years), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break of less than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12340L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

8965W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

Grandfather patients (upadacitinib only)

A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) details of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 4 weeks old at the time of application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) details of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a BASDAI score.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy
Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12376J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9103D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

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Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet and the face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet and the face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12377K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9428F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab or infliximab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab or infliximab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab or infliximab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab or infliximab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab or infliximab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab or infliximab under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab or infliximab therapy after 1 April 2011.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised adalimumab or infliximab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab or infliximab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with adalimumab or infliximab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.

From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.

A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab or infliximab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab or infliximab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient or recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have an externally draining enterocutaneous or rectovaginal fistula.

Applications for authorisation must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes a completed current Fistula Assessment Form including the date of assessment of the patient's condition of no more than 4 weeks old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:
One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:
One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Biosimilar prescribing policy
Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition more than once in the current treatment cycle.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Applications for authorisation must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and

(ii) details of prior biological medicine treatment including details of date and duration of treatment.

The most recent fistula assessment must be no more than 4 weeks old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial 1 (new patient or recommencement of treatment after a break in biological medicine of more than 5 years), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break of less than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12397L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

8963R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a

minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet and the face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
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HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheet and the face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
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HOBART TAS 7001

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12422T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9427E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.
Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
Grandfather patients (upadacitinib only)
A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at

baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) details of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients.
Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 4 weeks old at the time of application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) details of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a BASDAI score.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
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Authority required

Ankylosing spondylitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR

- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12442W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9077R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity

of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.
Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
Adalimumab and infliximab intravenous form only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that
biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 2 may be substituted for pharmaceutical benefits that have a pack size of 4 or a pack size of 6, in combinations equivalent to the maximum quantity number of units.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Population criteria:

- Patient must be aged 18 years or older.

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have failed to achieve an adequate response to prior systemic therapy with a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of failure to achieve an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Evidence of failure to achieve an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

All assessments, pathology tests and diagnostic imaging studies must be made within 4 weeks of the date of application and should be performed preferably whilst still on conventional treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the first or subsequent continuing treatment restrictions. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
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Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**

- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 that is no more than 4 weeks old at the time of application; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220 and that is no more than 4 weeks old at the time of application, **AND**
- Patient must have evidence of intestinal inflammation; OR
- Patient must be assessed clinically as being in a high faecal output state; OR
- Patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient,

AND

- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the first or subsequent continuing treatment restrictions. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under first continuing treatment or subsequent continuing treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12453K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Humira [VE]

adalimumab 40 mg/0.4 mL injection, 6 x 0.4 mL syringes

12427C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	2616.84	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12387Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised

therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or (iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).
From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.
Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
Adalimumab and infliximab intravenous form only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that
biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least

5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 2 may be substituted for pharmaceutical benefits that have a pack size of 4 or a pack size of 6, in combinations equivalent to the maximum quantity number of units.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Population criteria:

- Patient must be aged 18 years or older.

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have failed to achieve an adequate response to prior systemic therapy with a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of failure to achieve an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Evidence of failure to achieve an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

All assessments, pathology tests and diagnostic imaging studies must be made within 4 weeks of the date of application and should be performed preferably whilst still on conventional treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the first or subsequent continuing treatment restrictions. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note **Biosimilar prescribing policy**
Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.
Prescribing the 40 mg presentation:
One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.
Prescribing the 80 mg presentation:
One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.
Prescribing the 40 mg presentation:
One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.
Prescribing the 80 mg presentation:
One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online

Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 that is no more than 4 weeks old at the time of application; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220 and that is no more than 4 weeks old at the time of application, **AND**
- Patient must have evidence of intestinal inflammation; OR
- Patient must be assessed clinically as being in a high faecal output state; OR
- Patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Where fewer than 2 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete a maximum of 16 weeks of treatment with adalimumab may be requested under the balance of supply restriction.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the first or subsequent continuing treatment restrictions. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment or subsequent continuing treatment restrictions to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under first continuing treatment or subsequent continuing treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12433J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Humira [VE]

adalimumab 40 mg/0.4 mL injection, 6 x 0.4 mL pen devices

12452J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	2616.84	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12402R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological

medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

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Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy
Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy
Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia

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Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12362P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9101B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR

- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12378L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9033K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a

minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note Prescribing the 80 mg presentation:
Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

adalimumab 80 mg/0.8 mL injection, 0.8 mL syringe

12394H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	885.50	41.30	Humira [VE]

adalimumab 80 mg/0.8 mL injection, 0.8 mL pen device

12447D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	885.50	41.30	Humira [VE]

▪ ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab and infliximab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.

From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab or infliximab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab or infliximab while they continue to show a response to therapy.

A patient who received PBS-subsidised adalimumab or infliximab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab or infliximab more than twice.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab or infliximab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab or infliximab under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab or infliximab therapy after 1 April 2011.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised adalimumab or infliximab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab or infliximab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with adalimumab or infliximab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab or infliximab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab or infliximab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 2 may be substituted for pharmaceutical benefits that have a pack size of 4 or a pack size of 6, in combinations equivalent to the maximum quantity number of units.

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient or recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have an externally draining enterocutaneous or rectovaginal fistula.

Applications for authorisation must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes a completed current Fistula Assessment Form including the date of assessment of the patient's condition of no more than 4 weeks old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition more than once in the current treatment cycle.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Applications for authorisation must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and

(ii) details of prior biological medicine treatment including details of date and duration of treatment.

The most recent fistula assessment must be no more than 4 weeks old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.
Prescribing the 40 mg presentation:
One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.
Prescribing the 80 mg presentation:
One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Biosimilar prescribing policy
Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial 1 (new patient or recommencement of treatment after a break in biological medicine of more than 5 years), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break of less than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12380N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Humira [VE]

adalimumab 40 mg/0.4 mL injection, 6 x 0.4 mL syringes

12404W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	2616.84	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12331B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF COMPLEX REFRACTORY FISTULISING CROHN DISEASE
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for patients with complex refractory fistulising Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to adalimumab and infliximab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the PBS-subsidised biological medicines for this condition at any one time.
From 1 April 2011, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised adalimumab or infliximab without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with adalimumab or infliximab while they continue to show a response to therapy.
A patient who received PBS-subsidised adalimumab or infliximab treatment prior to 1 April 2011 is considered to have started their treatment cycle as of 1 April 2011.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised adalimumab or infliximab more than twice.
Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have

completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised adalimumab or infliximab treatment in the most recent cycle to the date of the first application for initial treatment with adalimumab or infliximab under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab or infliximab therapy after 1 April 2011.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised adalimumab or infliximab therapy in this treatment cycle and wishes to commence such therapy (Initial 1- new patient or recommencement of treatment after a break in biological medicine of more than 5 years); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) adalimumab or infliximab therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with adalimumab or infliximab following a break in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 5 years).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and 14 weeks of therapy for infliximab.
From 1 April 2011, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, or Initial 2 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle.
A patient may trial the alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with adalimumab or infliximab at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug two times within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements submitted with the first authority application for adalimumab or infliximab. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 2 may be substituted for pharmaceutical benefits that have a pack size of 4 or a pack size of 6, in combinations equivalent to the maximum quantity number of units.

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient or recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR

- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have confirmed Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have an externally draining enterocutaneous or rectovaginal fistula.

Applications for authorisation must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes a completed current Fistula Assessment Form including the date of assessment of the patient's condition of no more than 4 weeks old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this drug for this condition more than once in the current treatment cycle.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Applications for authorisation must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) a completed current Fistula Assessment Form including the date of assessment of the patient's condition; and

(ii) details of prior biological medicine treatment including details of date and duration of treatment.

The most recent fistula assessment must be no more than 4 weeks old at the time of application.

A maximum of 16 weeks of treatment with this drug will be approved under this criterion.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.
Prescribing the 40 mg presentation:
One prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.
Prescribing the 80 mg presentation:
One prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Note Biosimilar prescribing policy
Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Complex refractory Fistulising Crohn disease

Treatment Phase: Initial 1 (new patient or recommencement of treatment after a break in biological medicine of more than 5 years), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient or patient recommencing treatment after a break of 5 years or more) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break of less than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12381P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Humira [VE]

adalimumab 40 mg/0.4 mL injection, 6 x 0.4 mL pen devices

12445B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	2616.84	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12386X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and

- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.
A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.
Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.
Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.
The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate

biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

Abatacept:

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

Rituximab:

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR

- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
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HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR

- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12400P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

8737W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)

Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Rituximab patients:

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient

may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and Infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

Abatacept:

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

Rituximab:

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for treatment with this drug where the dosing frequency exceeds 40 mg per fortnight will not be approved.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected

to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

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HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12429E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9099X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or

(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.

Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Vedolizumab subcutaneous form only:
initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.
From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Patient weighing less than 40 kg:

For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note At the time of the authority application, medical practitioners should request sufficient quantity for up to 16 weeks of treatment under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR

- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; OR
- Patient must have previously received PBS-subsidised treatment with a biological medicine (adalimumab or infliximab) for this condition in this treatment cycle if aged 6 to 17 years, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; OR
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle more than once if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Patient weighing less than 40 kg:

For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note At the time of the authority application, medical practitioners should request sufficient quantity for up to 16 weeks of treatment under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Patient weighing less than 40 kg:

For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12359L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

10944B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of

less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or
(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Vedolizumab subcutaneous form only:
initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis.
Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.
From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-

subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

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Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**

- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Patient weighing less than 40 kg:

For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note At the time of the authority application, medical practitioners should request sufficient quantity for up to 16 weeks of treatment under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; OR
- Patient must have previously received PBS-subsidised treatment with a biological medicine (adalimumab or infliximab) for this condition in this treatment cycle if aged 6 to 17 years, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; OR
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle more than once if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Patient weighing less than 40 kg:

For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note At the time of the authority application, medical practitioners should request sufficient quantity for up to 16 weeks of treatment under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Patient weighing less than 40 kg:

For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12412G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

10955N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.
Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).
From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive

multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or
(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Vedolizumab subcutaneous form only:
initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological

medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.

From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 2 may be substituted for pharmaceutical benefits that have a pack size of 4 or a pack size of 6, in combinations equivalent to the maximum quantity number of units.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Patient weighing less than 40 kg:
For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note At the time of the authority application, medical practitioners should request sufficient quantity for up to 16 weeks of treatment under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; OR
- Patient must have previously received PBS-subsidised treatment with a biological medicine (adalimumab or infliximab) for this condition in this treatment cycle if aged 6 to 17 years, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; OR
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle more than once if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:
For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Patient weighing less than 40 kg:

For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note At the time of the authority application, medical practitioners should request sufficient quantity for up to 16 weeks of treatment under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Biosimilar prescribing policy
Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.
Prescribing the 40 mg presentation:
For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.
Prescribing the 80 mg presentation:
For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.
Patient weighing less than 40 kg:
For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12347W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Humira [VE]

adalimumab 40 mg/0.4 mL injection, 6 x 0.4 mL pen devices

12346T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	2616.84	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

12370C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or

(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Vedolizumab subcutaneous form only:

initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and infliximab only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis.
Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.
From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 20 mg/0.2 mL syringes and pharmaceutical benefits that have the form adalimumab 20 mg/0.4 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 1 may be substituted for pharmaceutical benefits that have a pack size of 2, in combinations equivalent to the maximum quantity number of units.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Patient weighing less than 40 kg:

For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note At the time of the authority application, medical practitioners should request sufficient quantity for up to 16 weeks of treatment under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; OR
- Patient must have previously received PBS-subsidised treatment with a biological medicine (adalimumab or infliximab) for this condition in this treatment cycle if aged 6 to 17 years, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; OR
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle more than once if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks

from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Patient weighing less than 40 kg:

For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note At the time of the authority application, medical practitioners should request sufficient quantity for up to 16 weeks of treatment under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Patient weighing less than 40 kg:

For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 20 mg/0.2 mL injection, 2 x 0.2 mL syringes

12371D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	923.39	41.30	[a] Humira [VE]

adalimumab 20 mg/0.4 mL injection, 0.4 mL syringe

12350B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*923.40	41.30	[a] Amgevita [AN]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or

(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Vedolizumab subcutaneous form only:

initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up

to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note TREATMENT OF PAEDIATRIC PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) for paediatric patients with infliximab or adalimumab for moderate to severe ulcerative colitis; and infliximab for acute severe ulcerative colitis. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to infliximab and adalimumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 2 biological medicines at any one time.
From 1 June 2017, under the PBS, all paediatric patients will be able to commence a treatment cycle where they may trial each PBS-subsidised biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle and depending on the disease severity, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy. A patient who received PBS-subsidised biological medicine treatment prior to 1 June 2017 is considered to have started their treatment cycle as of 1 June 2017. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 June 2017.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy - Initial 1 treatment (new patient); or,
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate agent - Initial 2 treatment (Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping treatment' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with the same agent - Initial 2 treatment (Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of

more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years). Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of treatment for adalimumab and 14 weeks of treatment for infliximab. From 1 June 2017, a patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab, and this assessment must be conducted no later than 4 weeks from the date that course was ceased.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment with that drug under the First continuing treatment and Subsequent continuing treatment restrictions providing they continue to sustain the response.

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Paediatric Ulcerative Colitis Activity Index (PUCAI) Score, confirmation of ulcerative colitis disease), or the prior conventional therapies of corticosteroids or immunosuppressives.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving treatment (initial or continuing) at the time of the application. However, a patient cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug twice within the same treatment cycle. To ensure a patient receives the maximum treatment opportunities allowed under these swapping arrangements, it is important that they are assessed for response to every course of treatment.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the indices of disease severity.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

Note Pharmaceutical benefits that have a pack size of 2 may be substituted for pharmaceutical benefits that have a pack size of 4 or a pack size of 6, in combinations equivalent to the maximum quantity number of units.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg (for a child, 1 to 2 mg/kg up to 40 mg) prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Patient weighing less than 40 kg:

For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note At the time of the authority application, medical practitioners should request sufficient quantity for up to 16 weeks of treatment under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle; OR
- Patient must have previously received PBS-subsidised treatment with a biological medicine (adalimumab or infliximab) for this condition in this treatment cycle if aged 6 to 17 years, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle; OR

- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle more than once if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If patients aged 6 to 17 years fail to respond to PBS-subsidised biological medicine treatment 3 times (twice with one agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Patient weighing less than 40 kg:

For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note At the time of the authority application, medical practitioners should request sufficient quantity for up to 16 weeks of treatment under this restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**

- Patient must have a Mayo clinic score greater than or equal to 6 if an adult patient; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score); OR
- Patient must have a Paediatric Ulcerative Colitis Activity Index (PUCAI) Score greater than or equal to 30 if aged 6 to 17 years.

Population criteria:

- Patient must be 6 years of age or older.

The authority application must be made in writing and must include:

(1) two completed authority prescription forms; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice), which includes:

(i) the completed current Mayo clinic or partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic, partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic or Paediatric Ulcerative Colitis Activity Index (PUCAI) assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Services Australia website.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Two completed authority prescriptions should be submitted with every initial application for this biological medicine.

Prescribing the 40 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the induction doses, containing a quantity of 6 doses of 40 mg and no repeats and the second prescription should be written for 2 doses of 40 mg and 2 repeats.

Prescribing the 80 mg presentation:

For patients weighing at least 40 kg, one prescription should be for the 80 mg presentation with a quantity of 3 units and zero repeats. This will enable doses at week 0 and week 2 to be completed. The second prescription should be written for 2 doses of 40 mg and 2 repeats.

Patient weighing less than 40 kg:

For patients weighing less than 40 kg, one prescription should be written for 2 doses of 40 mg with no repeats and the second prescription should be written for 2 doses of 20 mg with 3 repeats.

Note A maximum quantity and number of repeats to provide for an initial 16 week course of this drug consisting of a 160 mg dose at week 0, 80 mg dose at week 2 and 40 mg dose at weeks 4, 6, 8, 10, 12 and 14 for patients 40 kg or greater (for patients 40 kg or less, the course is a 80 mg dose at week 0, 40 mg dose at week 2 and a 20 mg dose at weeks 4, 6, 8, 10, 12 and 14) may be requested.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)]; OR
- Must be treated by a paediatrician; OR
- Must be treated by a specialist paediatric gastroenterologist.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12382Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Humira [VE]

adalimumab 40 mg/0.4 mL injection, 6 x 0.4 mL syringes

12344Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	2616.84	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

12333D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*2616.85	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence

such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL pen devices and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL pen devices are equivalent for the purposes of substitution

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
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HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected

to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribing the 80 mg presentation:
Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL pen devices

12342N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL pen devices

9426D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	885.50	41.30	[a] Amgevita [AN]	[a] Hadlima [RF]
					[a] Hyrimoz [SZ]	[a] Idacio [PK]

▪ ADALIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form adalimumab 40 mg/0.4 mL syringes and pharmaceutical benefits that have the form adalimumab 40 mg/0.8 mL syringes are equivalent for the purposes of substitution

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Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Biosimilar prescribing policy
Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients.

Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribing the 80 mg presentation:
Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
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Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribing the 80 mg presentation:
Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

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Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
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Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**

- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice) which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets, and the face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Biosimilar prescribing policy

Prescribing of the biosimilar brand Amgevita, Hadlima, Hyrimoz or Idacio is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribing the 80 mg presentation:

Two completed authority prescriptions may be submitted with every initial application for this biological medicine. One prescription for an induction dose of 80 mg and no repeats and the second prescription for 2 doses of 40 mg and 3 repeats.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

adalimumab 40 mg/0.4 mL injection, 2 x 0.4 mL syringes

12421R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	885.50	41.30	[a] Humira [VE]

adalimumab 40 mg/0.8 mL injection, 2 x 0.8 mL syringes

9425C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	4	..	885.50	41.30	[a] Amgevita [AN] [a] Hyrimoz [SZ]	[a] Hadlima [RF] [a] Idacio [PK]

▪ CERTOLIZUMAB PEGOL

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months - balance of supply.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 18 to 20 weeks treatment, depending on the dosage regimen; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 18 to 20 weeks treatment, depending on the dosage regimen; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) restriction to complete 18 to 20 weeks treatment, depending on the dosage regimen, **AND**
- The treatment must provide no more than the balance of up to 18 to 20 weeks treatment available under the above restrictions.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11321W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1025.77	41.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10892G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1025.77	41.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.

(a) Initial treatment.

Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
Grandfather patients (upadacitinib only)
A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 18 to 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 18 to 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 18 to 20 weeks treatment,

AND

- The treatment must provide no more than the balance of up to 18 to 20 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11318Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1025.77	41.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10897M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1025.77	41.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab) - Balance of Supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab) restriction to complete 24 weeks treatment, depending on the dosage regimen, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

12724Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	1025.77	41.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab) - Balance of Supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab) restriction to complete 24 weeks treatment, depending on the dosage regimen, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

12742P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	1025.77	41.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.
The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).
Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - critical shortage of tocilizumab' PBS listing.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number

of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

12702M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3017.62	41.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

12712C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3017.62	41.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

Grandfather patients (upadacitinib only)

A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no

later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.

For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.

Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 1 month old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11320T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1025.77	41.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10137M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1025.77	41.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction

and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 18 to 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 18 to 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 18 to 20 weeks treatment,

AND

- The treatment must provide no more than the balance of up to 18 to 20 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11326D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1025.77	41.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10896L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1025.77	41.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24

months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.
Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.
Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.
The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the

required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11325C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1025.77	41.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

3425G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1025.77	41.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of secukinumab, certolizumab pegol and golimumab for adult patients with non-radiographic axial spondyloarthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to secukinumab, certolizumab pegol and golimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times (once with any biological medicine) within the same treatment cycle, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment with secukinumab, certolizumab pegol and golimumab

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.

For continuing courses of PBS-subsidised biological medicine it is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment in courses of up to 24 weeks provided they continue to sustain an adequate response.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a new patient, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum of 24 weeks with this drug per authorised course under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

If the requirement to demonstrate an elevated CRP level could not be met under an initial treatment restriction, a reduction in the BASDAI score from baseline will suffice for the purposes of administering this continuing treatment restriction.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

12028C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1025.77	41.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

12005W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1025.77	41.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of secukinumab, certolizumab pegol and golimumab for adult patients with non-radiographic axial spondyloarthritis.
Where the term 'biological medicine' appears in notes and restrictions, it refers to secukinumab, certolizumab pegol and golimumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related

reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times (once with any biological medicine) within the same treatment cycle, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment with secukinumab, certolizumab pegol and golimumab
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(2) Continuing treatment.
For continuing courses of PBS-subsidised biological medicine it is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment in courses of up to 24 weeks provided they continue to sustain an adequate response.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a new patient, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial 1 (New patient), Initial 2 (Change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 18 to 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 18 to 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 18 to 20 weeks treatment,

AND

- The treatment must provide no more than the balance of up to 20 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

12013G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1025.77	41.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

12040Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	1025.77	41.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis.
This PBS listings is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

AND

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

12691Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1025.77	41.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

12743Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1025.77	41.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.
Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.
Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.
The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant

restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months).

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11322X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	..	..	*3017.62	41.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10905Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	..	..	*3017.62	41.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction. There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11324B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1025.77	41.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10238W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1025.77	41.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
Grandfather patients (upadacitinib only)
A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and

indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.

Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form which includes the following:

(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a completed BASDAI Assessment Form; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Department of Human Services website at www.humanservices.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Department of Human Services website at www.humanservices.gov.au

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 1 month old at the time of application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR

- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form which includes the following:

(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a completed BASDAI Assessment Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11319R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3017.62	41.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10904X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3017.62	41.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of secukinumab, certolizumab pegol and golimumab for adult patients with non-radiographic axial spondyloarthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to secukinumab, certolizumab pegol and golimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times (once with any biological medicine) within the same treatment cycle, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment with secukinumab, certolizumab pegol and golimumab

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.
For continuing courses of PBS-subsidised biological medicine it is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment in courses of up to 24 weeks provided they continue to sustain an adequate response.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a new patient, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 1 (New patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response to NSAIDs and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and CRP level must be determined at the completion of the 3-month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The baseline BASDAI score and CRP level must also be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 2 (Change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with biological medicines more than three times for this PBS-indication during the current treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this biological medicine for this PBS indication more than once in the current treatment cycle, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An application for Initial 2 treatment must indicate whether the patient has demonstrated an adequate response (an absence of treatment failure), failed or experienced an intolerance to the most recent supply of biological medicine treatment.

A new baseline Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score and C-reactive protein (CRP) level may be provided at the time of this application.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

The assessment of the patient's response to the most recent supply of biological medicine must be conducted following a minimum of 12 weeks of treatment.

BASDAI scores and CRP levels must be documented in the patient's medical records.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The following must be provided at the time of application and documented in the patient's medical records:

(a) the BASDAI score; and

(b) the C-reactive protein (CRP) level.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The following must be provided at the time of application and documented in the patient's medical records:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI score and CRP level must be no more than 4 weeks old at the time of this application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

12027B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3017.62	41.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

12063X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3017.62	41.30	Cimzia [UC]

▪ CERTOLIZUMAB PEGOL

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the

commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 18 to 20 weeks of treatment, depending on the dosage regimen, under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

certolizumab pegol 200 mg/mL injection, 2 x 1 mL pen devices

11323Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3017.62	41.30	Cimzia [UC]

certolizumab pegol 200 mg/mL injection, 2 x 1 mL syringes

10909E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3017.62	41.30	Cimzia [UC]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than

5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction. There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological

therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

9156

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The measurement of response to the prior course of therapy must have been conducted following a minimum of 12 weeks of therapy with this drug and must be documented in the patient's medical records.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11202N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1050.14	41.30	Brenzys [RF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11216H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1050.14	41.30	Brenzys [RF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a

treatment failure.
A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.
Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.
Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.
The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

7276

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Population criteria:

- Patient must be aged 18 years or older.

Clinical criteria:

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised biological disease modifying anti-rheumatic drug (bDMARD) treatment for this condition, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

For the purposes of this restriction bDMARD means abatacept, adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, rituximab, tocilizumab or tofacitinib.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.
If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11218K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1050.14	41.30	Brenzys [RF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11211C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1050.14	41.30	Brenzys [RF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.
Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
Grandfather patients (upadacitinib only)
A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient

is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

9481

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be used to determine response for all subsequent continuing treatments.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11215G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1050.14	41.30	Brenzys [RF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11217J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1050.14	41.30	Brenzys [RF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Adalimumab and infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing Treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

3450N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1050.14	41.30	Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

3448L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1050.16	41.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

3449M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1050.14	41.30	Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than

5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction. There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Authority applications for increased quantities/ repeats (where relevant) may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required (STREAMLINED)

8887

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Determination of response must be based on the PASI assessment of response to the most recent course of treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required (STREAMLINED)

8955

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to their most recent course of treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The measurement of response to the prior course of therapy must be documented in the patient's medical notes.

Determination of response must be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11221N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1050.14	41.30	Brenzys [RF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11225T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1050.14	41.30	Brenzys [RF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

Grandfather patients (upadacitinib only)

A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Ankylosing spondylitis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 1 month old at the time of application.

Each application for subsequent continuing treatment with this drug must include an assessment of the patient's response to the prior course of therapy. If the response assessment is not provided at the time of application the patient will be deemed to have failed this course of treatment, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11201M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

11204Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1050.16	41.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11196G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)

Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course. Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Rituximab patients:

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and Infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

Abatacept:

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

Rituximab:

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at

baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Subsequent continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au

Applications for authority to prescribe should be forwarded to:

Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11220M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

11197H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1050.16	41.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11219L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)

Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.

Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to

respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.
The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response

must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR

- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9460X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

8638P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1050.16	41.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9090K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

Grandfather patients (upadacitinib only)

A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.

A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.

For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.

Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Ankylosing spondylitis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 1 month old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9456Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

8779C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1050.16	41.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9086F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in

PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe psoriatic arthritis

Treatment Phase: Subsequent continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under the first continuing treatment restriction, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11198J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

11207W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1050.16	41.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11208X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

▪ ETANERCEPT

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients over 18 years who have a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS-subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.
Alternative biological medicine refers to adalimumab and etanercept.
Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

AND

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab and etanercept for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.
This PBS listings is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

12716G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1050.14	41.30	Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

12750C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1050.16	41.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

12676E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1050.14	41.30	Enbrel [PF]

▪ ETANERCEPT

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.

The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - critical shortage of tocilizumab' PBS listing.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

AND

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis.
This PBS listings is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

12679H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

12718J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1050.16	41.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

12737J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.
From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:
(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and
(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.
The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR

- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Department of Human Services website (www.humanservices.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:
(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose;
(b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial;
(c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recently approved PBS-subsidised biological medicine for this condition; OR
- Patient must not have received PBS-subsidised biological medicine for at least 5 years if they failed or ceased to respond to PBS-subsidised biological medicine treatment 3 times in their last treatment cycle, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count must be no more than 4 weeks old at the time of this application.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after break of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

3447K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1050.14	41.30	Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

3445H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*1050.16	41.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

3446J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1050.14	41.30	Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment. A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe psoriatic arthritis

Treatment Phase: First continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the first continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the subsequent continuing Authority Required (in writing) treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9458T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

9036N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1050.16	41.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9088H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines'

appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5

years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, whole body

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Subsequent continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition under the First continuing treatment restriction, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per subsequent continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au

Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the subsequent continuing treatment Authority Required (in writing), Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

11222P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

11223Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*1050.16	41.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

11224R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: First continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area assessed at baseline.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online

Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the first continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the first continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9462B	1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9429G	2	5	..	*1050.16	41.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9431J	1	5	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24

months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.
Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.
Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.
The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the

required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.

Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.

Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note **Biosimilar prescribing policy** Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Biosimilar prescribing policy Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9459W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

8637N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*1050.16	41.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9089J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as

long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.

Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

Note **Biosimilar prescribing policy** Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note **Biosimilar prescribing policy** Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
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Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note **Biosimilar prescribing policy** Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

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Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9457R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

9035M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*1050.16	41.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9087G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.
Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.
(a) Initial treatment.

Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
Grandfather patients (upadacitinib only)
A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.

Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form which includes the following:

(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a completed BASDAI Assessment Form; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note **Biosimilar prescribing policy** Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Department of Human Services website at www.humanservices.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Department of Human Services website at www.humanservices.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
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Services Australia

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HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 1 month old at the time of application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
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Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing

Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**

- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form which includes the following:

(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a completed BASDAI Assessment Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

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Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9455P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

8778B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	..	*1050.16	41.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9085E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	3	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.
Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to Services Australia no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note **Biosimilar prescribing policy** Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Biosimilar prescribing policy Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
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Or mailed to:
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Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Biosimilar prescribing policy Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
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Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 1 month following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 1 month old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to Services Australia no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note **Biosimilar prescribing policy** Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, first or subsequent continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent

course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note **Biosimilar prescribing policy** Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 1 month old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition. Demonstration of response should be provided within this timeframe.

The PASI assessment for first continuing or subsequent continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Biosimilar prescribing policy Prescribing of the biosimilar brand Brenzys is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Prescribers must include the proprietary name (brand) on the prescription to ensure the appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

9461Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

9037P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*1050.16	41.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

9091L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	1050.14	41.30	[a] Brenzys [RF]	[a] Enbrel [PF]

▪ ETANERCEPT

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines etanercept and ustekinumab for patients under 18 years of with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to etanercept and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.
Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naÃ¯ve patient); or
(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or
(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 3) due to a disease flare with psoriasis affecting the whole body if:
(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(ii) the patient has a current PASI score greater than 15
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 3) due to a disease flare with psoriasis affecting the face, hand or foot if:
(i) all subscores are rated moderate to severe; or
(ii) 2 of the three subscores are rated severe to very severe; or
(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,
(2) Assessment of response to initial treatment.
After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessmentwill be used to determine eligibility for continuing treatment. and must be conducted within 8 weeks of thelast administered dose.
To avoid an interruption of supply for continuing treatment, the assessment should be submitted and no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
Ustekinumab only:
Following the completion of an initial 28-week treatment course, a patient may qualify to receive up to 24 weeks per continuing treatment course provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine twice within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Re-commencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note To complete a 24-week course of treatment beyond this authority application, the next authority application (apart from supplies obtained under 'Balance of Supply') is to be under the 'completion of course' treatment phase.
Therefore, remind the patient to return for clinical review in approximately 12 weeks to enable ample time to obtain the final 8 weeks of treatment of a 24-week treatment course.
Document the patient's baseline disease severity indices scores in their medical record, in addition to stating them in this authority application, to ensure:
(i) the patient's response to treatment can be quantified from week 12; and
(ii) in the event that the patient's treating clinician changes, the baseline value(s) are available to the new clinician without need to refer to a third party.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Whole body) - biological medicine-naive patient

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have lesions present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; and/or (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) A Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of the last pre-requisite therapy.

A PASI assessment must have been completed for each pre-requisite treatment trialled, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of that pre-requisite treatment. State in this authority application, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) the PASI score that followed each prior therapy trialled;

(iv) the date the PASI scores were determined

State a baseline PASI score to be referenced in any future authority applications that continue treatment. This PASI score may be any of: (i) a current PASI score, (ii) a PASI score present prior to, or, after a pre-requisite non-biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Whole body) - Change of treatment

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug more than once during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

In relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 3 treatment (Whole body, or, face/hand/foot) - Recommencement of treatment after a break in biological medicine of more than 5 years

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition for at least 5 years, if they have previously received PBS-subsidised treatment with a biological medicine for this condition and wish to commence a new treatment cycle, **AND**
- The condition must be affecting the whole body - all subsequent authority applications to this application will be made under treatment phases that feature the words 'whole body'; OR
- The condition must be limited to the face/hand/foot - all subsequent authority applications to this application will be made under treatment phases that feature the words 'face, hand, foot', **AND**
- Patient must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15; OR
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial 1, 2, 3 or 4 treatment (Whole body, or, face/hand/foot)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but has received insufficient therapy with this biological medicine to complete 16 weeks treatment available under any of the initial treatment phases (regardless of the affected body area): (i) Initial 1, (ii) Initial 2, (iii) Initial 3, (iv) Initial 4.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Completion of course - treatment covering weeks 16 to 24 (Whole body)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, with the intention to complete the remainder of a 24-week treatment course with this biological medicine.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, but within 8 weeks of the last administered dose, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 8 weeks of treatment with etanercept under this restriction.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

Note Aim to conduct and submit the PASI assessment at week 12 or soon after to ensure uninterrupted supply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
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HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 4 - Re-treatment (Whole body)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have a documented history of severe chronic plaque psoriasis of the whole body.

Treatment criteria:

- Patient must be undergoing re-treatment with this biological medicine for this PBS indication after an initial adequate response to the most recent treatment course, but has since experienced at least one of the following: (i) a disease flare where the PASI score has worsened (increased) by at least 50%, (ii) the current PASI score has returned above 15.

Clinical criteria:

- Patient must not have failed more than once to achieve an adequate response with etanercept, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where a patient has had a treatment break the length of the break is measured from the date the most recent treatment was stopped to the date of the application for further treatment.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Face, hand, foot) - biological medicine-naive patient

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have the plaque or plaques of the face, or palm of hand or sole of foot present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling being rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy; or

(b) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy

State in this authority application, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) whether failure type (a) or (b) as described above occurred for each prior therapy trialled;

(iv) the dates that response assessments were determined

State in this authority application at least one of the following to act as a baseline measurement and be referenced in any future authority applications that continue treatment:

(v) for each of erythema, thickness and scaling, which of these are rated as severe or very severe (at least 2 must be rated as severe/very severe);

(vi) the percentage area of skin (combined area of face, hands and feet) affected by this condition (must be at least 30%) prior to treatment with biological medicine.

Where a patient has had a 12 month treatment break, the length of the break is measured from the date the most recent treatment was stopped to the date of the application to re-commence treatment.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Face, hand, foot) - Change of treatment

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug more than once during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 16 weeks of treatment with this biological medicine under this restriction.

Population criteria:

- Patient must be under 18 years of age.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the pre-biological treatment baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the pre-biological treatment baseline value.

In relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Completion of course - treatment covering weeks 16 to 24 (Face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, with the intention to complete the remainder of a 24-week treatment course with this biological medicine.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, but within 8 weeks of the last administered dose, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 8 weeks of treatment with etanercept under this restriction.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

Note Aim to conduct and submit the PASI/percentage of skin area affected assessment at week 12 or soon after to ensure uninterrupted supply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 4 - Re-treatment (face, hand, foot)

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have a documented history of severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot.

Treatment criteria:

- Patient must be undergoing re-treatment with this biological medicine for this PBS indication after an initial adequate response to the most recent treatment course, but has since experienced at least one of the following: (i) all PASI sub-measures (redness, thickness, scaling) are rated as 'moderate' to 'severe', (ii) at least 2 of the 3 PASI sub-measures are

rated as 'severe' to 'very severe', (iii) the skin area affected has increased by at least 50% since the last administered dose, (iv) the skin area affected is at least 30% of the total skin area of the face/hand/foot.

Clinical criteria:

- Patient must not have failed more than once to achieve an adequate response with etanercept, **AND**
- Patient must not receive more than 16 weeks of treatment with etanercept under this restriction.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where a patient has had a treatment break the length of the break is measured from the date the most recent treatment was stopped to the date of the application for further treatment.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

etanercept 50 mg/mL injection, 4 x 1 mL pen devices

1964J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1050.14	41.30	Enbrel [PF]

etanercept 25 mg injection [4 vials] (&) inert substance diluent [4 x 1 mL syringes], 1 pack

1954W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*1050.16	41.30	Enbrel [PF]

etanercept 50 mg/mL injection, 4 x 1 mL syringes

1963H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1050.14	41.30	Enbrel [PF]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.
Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).
From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or
(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Vedolizumab subcutaneous form only:
initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 14 weeks of treatment (weeks 0, 2, 6 and 10); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 14 weeks of treatment (weeks 0, 2, 6 and 10); OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 14 weeks of treatment (weeks 0, 2, 6 and 10), **AND**
- The treatment must provide no more than the balance of up to 14 weeks therapy available under Initial 1, 2 or 3 treatment.

golimumab 100 mg/mL injection, 1 mL pen device

11502J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1122.68	41.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of secukinumab, certolizumab pegol and golimumab for adult patients with non-radiographic axial spondyloarthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to secukinumab, certolizumab pegol and golimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times (once with any biological medicine) within the same treatment cycle, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment with secukinumab, certolizumab pegol and golimumab

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

(2) Continuing treatment.

For continuing courses of PBS-subsidised biological medicine it is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment in courses of up to 24 weeks provided they continue to sustain an adequate response.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.

(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program

requirements.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a new patient, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum of 24 weeks with this drug per authorised course under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

If the requirement to demonstrate an elevated CRP level could not be met under an initial treatment restriction, a reduction in the BASDAI score from baseline will suffice for the purposes of administering this continuing treatment restriction.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11521J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1160.58	41.30	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

11516D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1160.58	41.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological

medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the

Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date

of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11373N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1160.58	41.30	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3432P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1160.58	41.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the

date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.
Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.
Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.
The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when

commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11375Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1160.58	41.30	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3428K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1160.58	41.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.
Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in

therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
Grandfather patients (upadacitinib only)
A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 1 month old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11376R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1160.58	41.30	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3436W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1160.58	41.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.
Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).
From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or
(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Vedolizumab subcutaneous form only:
initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.

A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug.

Population criteria:

- Patient must be aged 18 years or older.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under this restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 100 mg/mL injection, 1 mL pen device

11381B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1122.68	41.30	Simponi [JC]

▪ GOLIMUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.
The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor

(tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).
Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - critical shortage of tocilizumab' PBS listing.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab),

AND

- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis.
This PBS listings is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

12744R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1160.58	41.30	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

12703N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1160.58	41.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-

subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.
Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).
From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or
(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Vedolizumab subcutaneous form only:
initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing

treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have failed to achieve an adequate response to a 5-aminosalicylate oral preparation in a standard dose for induction of remission for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal, **AND**
- Patient must have failed to achieve an adequate response to azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months or have intolerance necessitating permanent treatment withdrawal; OR
- Patient must have failed to achieve an adequate response to a tapered course of oral steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period or have intolerance necessitating permanent treatment withdrawal, and followed by a failure to achieve an adequate response to 3 or more consecutive months of treatment of an appropriately dosed thiopurine agent, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR
- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be aged 18 years or older.

Application for authorisation of initial treatment must be in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy].

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic assessment of the patient's response to this initial course of treatment must be following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

A maximum of 14 weeks of treatment with this drug will be approved under this criterion. A loading dose of 200 mg at week 0 and a dose of 100 mg at weeks 2, 6 and 10.

If treatment with any of the above-mentioned drugs is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Department of Human Services website.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

Population criteria:

- Patient must be aged 18 years or older.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

A maximum of 14 weeks of treatment with this drug will be approved under this criterion. A loading dose of 200 mg at week 0 and a dose of 100 mg at weeks 2, 6 and 10.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have a Mayo clinic score greater than or equal to 6; OR

- Patient must have a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores are both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo clinic score).

Population criteria:

- Patient must be aged 18 years or older.

Application for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Mayo clinic or partial Mayo clinic calculation sheet including the date of assessment of the patient's condition; and

(ii) the details of prior biological medicine treatment including the details of date and duration of treatment.

A maximum of 14 weeks of treatment with this drug will be approved under this criterion. A loading dose of 200 mg at week 0 and a dose of 100 mg at weeks 2, 6 and 10.

All tests and assessments should be performed preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior conventional treatment.

The most recent Mayo clinic or partial Mayo clinic score must be no more than 4 weeks old at the time of application.

A partial Mayo clinic assessment of the patient's response to this initial course of treatment must be following a minimum of 12 weeks of treatment for adalimumab and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab and vedolizumab so that there is adequate time for a response to be demonstrated.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Details of the accepted toxicities including severity can be found on the Department of Human Services website.

golimumab 100 mg/mL injection, 1 mL pen device

11382C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*3294.52	41.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of secukinumab, certolizumab pegol and golimumab for adult patients with non-radiographic axial spondyloarthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to secukinumab, certolizumab pegol and golimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times (once with any biological medicine) within the same treatment cycle, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment with secukinumab, certolizumab pegol and golimumab

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further

details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(2) Continuing treatment.
For continuing courses of PBS-subsidised biological medicine it is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment in courses of up to 24 weeks provided they continue to sustain an adequate response.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a new patient, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 1 (New patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR

- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response to NSAIDs and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and CRP level must be determined at the completion of the 3-month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The baseline BASDAI score and CRP level must also be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 2 (Change or re-commencement of treatment after a break of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with biological medicines more than three times for this PBS-indication during the current treatment cycle, **AND**
- The treatment must not exceed a maximum of 16 weeks with this drug under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Clinical criteria:

- Patient must not have failed PBS-subsidised therapy with this biological medicine for this PBS indication more than once in the current treatment cycle.

An application for Initial 2 treatment must indicate whether the patient has demonstrated an adequate response (an absence of treatment failure), failed or experienced an intolerance to the most recent supply of biological medicine treatment.

A new baseline Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score and C-reactive protein (CRP) level may be provided at the time of this application.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

The assessment of the patient's response to the most recent supply of biological medicine must be conducted following a minimum of 12 weeks of treatment.

BASDAI scores and CRP levels must be documented in the patient's medical records.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The following must be provided at the time of application and documented in the patient's medical records:

(a) the BASDAI score; and

(b) the C-reactive protein (CRP) level.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- The treatment must not exceed a maximum of 16 weeks duration under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The following must be provided at the time of application and documented in the patient's medical records:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI score and CRP level must be no more than 4 weeks old at the time of this application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial 1 (New patient), Initial 2 (Change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11538G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	..	1160.58	41.30	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

11560K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	3	..	1160.58	41.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date

of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11365E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1160.58	41.30	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3430M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1160.58	41.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may

commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.
Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.
Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.
The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or

continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
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HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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Complex Drugs
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HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

11372M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1160.58	41.30	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

3426H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	1160.58	41.30	Simponi [JC]

▪ GOLIMUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
Grandfather patients (upadacitinib only)
A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.

Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form which includes the following:

(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a completed BASDAI Assessment Form; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Department of Human Services website at www.humanservices.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Department of Human Services website at www.humanservices.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
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HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 1 month old at the time of application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia

Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form which includes the following:

(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a completed BASDAI Assessment Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR

- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

golimumab 50 mg/0.5 mL injection, 0.5 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11361Y	1	3	..	1160.58	41.30	Simponi [JC]

golimumab 50 mg/0.5 mL injection, 0.5 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3434R	1	3	..	1160.58	41.30	Simponi [JC]

▪ INFLIXIMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab) - Balance of Supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab) restriction, with subcutaneous form restriction to complete 22 weeks initial treatment (intravenous and subcutaneous inclusive), **AND**
- The treatment must provide no more than the balance of up to 22 weeks treatment available under the - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab) - subcutaneous form.

Population criteria:

- Patient must be aged 18 years or older.

infliximab 120 mg/mL injection, 1 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12688T	1	..	..	382.80	41.30	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12689W	1	..	..	382.80	41.30	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.
Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.
Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.
The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed

treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Balance of supply for Initial treatment, Continuing treatment or Grandfather patient - subcutaneous form

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial treatment with subcutaneous form restriction to complete 22 weeks initial treatment (intravenous and subcutaneous inclusive); OR
- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment with subcutaneous form restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Grandfather restriction to complete 24 weeks of treatment, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly, **AND**
- The treatment must provide no more than the balance of up to 22 weeks treatment available under the Initial treatment - subcutaneous form; OR
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the Continuing treatment - subcutaneous form; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy under Initial PBS-subsidised treatment (Grandfather patient) - subcutaneous form.

Population criteria:

- Patient must be aged 18 years or older.

infliximab 120 mg/mL injection, 1 mL syringe

12555T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	382.80	41.30	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

12566J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	382.80	41.30	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or

(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Vedolizumab subcutaneous form only:

initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and infliximab only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the

most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Balance of supply for Initial treatment, Continuing treatment or Grandfather patient - subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment with subcutaneous form to complete 14 to 16 weeks initial treatment (intravenous and subcutaneous inclusive); OR
- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment with subcutaneous form restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Grandfather restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of doses up to 14 to 16 weeks therapy available under Initial treatment - subcutaneous form; OR
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the Continuing treatment - subcutaneous form; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy under Initial PBS-subsidised treatment (Grandfather patient) - subcutaneous form.

Population criteria:

- Patient must be aged 18 years or older.

infliximab 120 mg/mL injection, 1 mL syringe

12550M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*758.52	41.30	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

12584H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*758.52	41.30	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).
Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one

time.
From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).
From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.
Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
Adalimumab and infliximab intravenous form only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that
biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply for Initial treatment, Continuing treatment or Grandfather patient - subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial treatment with subcutaneous form to complete 14 to 16 weeks initial treatment (intravenous and subcutaneous inclusive); OR
- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment with subcutaneous form restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Grandfather restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of doses up to 14 to 16 weeks therapy available under Initial treatment - subcutaneous form; OR
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the Continuing treatment - subcutaneous form; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy under Initial PBS-subsidised treatment (Grandfather patient) - subcutaneous form.

Population criteria:

- Patient must be aged 18 years or older.

infliximab 120 mg/mL injection, 1 mL syringe

12597B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*758.52	41.30	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

12567K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*758.52	41.30	Remsima SC [EW]

▪ INFLIXIMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis.
This PBS listings is a temporary listing and may only be used when an application for initial supply of this medicine has been made under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab).

Authority required

Severe active rheumatoid arthritis

Treatment Phase: First continuing treatment - Critical shortage of tocilizumab - Temporary listing

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition under Initial treatment - Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab), **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

infliximab 120 mg/mL injection, 1 mL syringe

12753F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	..	*758.52	41.30	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

12748Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	5	..	*758.52	41.30	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
Adalimumab and infliximab intravenous form only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that
biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment with subcutaneous form at weeks 6, 8, 10, 12, 14 and 16

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received 2 intravenous infusions with this drug for this condition at weeks 0 and 2 under Initial 1 (new patient); OR

- Patient must have received 2 intravenous infusions with this drug for this condition at weeks 0 and 2 under Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) if changing treatment from another biological medicine to infliximab; OR
- Patient must have a concurrent authority application for the intravenous infusion for this condition under either Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years).

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted up to 12 weeks after the first dose of infliximab and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority required

Severe Crohn disease

Treatment Phase: Re-initiation with subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received maintenance treatment with the subcutaneous form of this drug under continuing treatment and have had a treatment break, **AND**
- Patient must have received 1 intravenous infusion with this drug for this condition at week 0 under Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years); OR
- Patient must have received 1 intravenous infusion with this drug for this condition at week 0 under Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years); OR
- Patient must have a concurrent authority application for 1 dose of the intravenous infusion for this condition under either Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years), **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted up to 12 weeks after the first dose of infliximab and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

infliximab 120 mg/mL injection, 1 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12585J	2	2	..	*758.52	41.30	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12551N	2	2	..	*758.52	41.30	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor

(TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).
From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.
A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or
(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).
Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Vedolizumab subcutaneous form only:
initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial treatment with subcutaneous form at weeks 6, 8, 10, 12, 14 and 16

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received 2 intravenous infusions with this drug for this condition at weeks 0 and 2 under Initial 1 (new patient); OR
- Patient must have received 2 intravenous infusions with this drug for this condition at weeks 0 and 2 under Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) if changing treatment from another biological medicine to infliximab; OR
- Patient must have a concurrent authority application for the intravenous infusion for this condition under either Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years).

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted up to 12 weeks after the first dose of infliximab and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Re-initiation with subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received maintenance treatment with the subcutaneous form of this drug under continuing treatment and have had a treatment break, **AND**
- Patient must have received 1 intravenous infusion with this drug for this condition at week 0 under Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years); OR
- Patient must have received 1 intravenous infusion with this drug for this condition at week 0 under Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years); OR
- Patient must have a concurrent authority application for 1 dose of the intravenous infusion for this condition under either Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years), **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted up to 12 weeks after the first dose of infliximab and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

infliximab 120 mg/mL injection, 1 mL syringe

12561D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*758.52	41.30	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

12575W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*758.52	41.30	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24

months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.
Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.
Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.
The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the

required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment with subcutaneous form at weeks 6, 8, 10, 12, 14 and 16

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received 2 intravenous infusions with this drug for this condition at weeks 0 and 2 under Initial 1 (new patient); OR
- Patient must have received 2 intravenous infusions with this drug for this condition at weeks 0 and 2 under Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) if changing treatment from another biological medicine to infliximab; OR
- Patient must have a concurrent authority application for 2 doses of the intravenous infusion for this condition under either Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months), **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Re-initiation with subcutaneous form

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received maintenance treatment with the subcutaneous form of this drug under continuing treatment and have had a treatment break, **AND**
- Patient must have received 1 intravenous infusion with this drug for this condition at week 0 under Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months); OR
- Patient must have received 1 intravenous infusion with this drug for this condition at week 0 under Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months); OR
- Patient must have a concurrent authority application for 1 dose of the intravenous infusion for this condition under either Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months), **AND**
- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

infliximab 120 mg/mL injection, 1 mL syringe

12576X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*758.52	41.30	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

12577Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*758.52	41.30	Remsima SC [EW]

▪ INFLIXIMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.
The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).
Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - critical shortage of tocilizumab' PBS listing.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - Change of treatment due to critical shortage of tocilizumab) - subcutaneous form at weeks 6, 8, 10, 12, 14 and 16

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- The treatment must be in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must have received 2 intravenous infusions with this drug for this condition at weeks 0 and 2 under Initial 4 (Temporary listing - change of treatment due to critical shortage of tocilizumab), **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with tocilizumab as their most recent treatment, evidence of a response must be provided.

If a patient has not received a minimum of 12 weeks therapy with tocilizumab, evidence of a response is not required to be provided under this restriction. This switch in therapy from tocilizumab will not be counted as treatment failure to tocilizumab.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence of a response to this drug is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

infliximab 120 mg/mL injection, 1 mL syringe

12677F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*758.52	41.30	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

12687R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*758.52	41.30	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.
A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:
- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.
A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.
A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.
(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.
Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.
Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.
The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment with subcutaneous form or switching from intravenous form to subcutaneous form

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug (in any form) as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug; OR
- Patient must have demonstrated an adequate response to treatment with this drug in the intravenous form, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed within 4 weeks prior to completing their current course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial PBS-subsidised treatment (Grandfather patient) - subcutaneous form

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with this drug with the subcutaneous form for this condition prior to 1 July 2021, **AND**
- Patient must have previously received induction treatment consisting of 2 doses with this drug for this condition in the intravenous form, **AND**
- Patient must be receiving treatment with this drug for this condition at the time of application, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR

- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug; OR
- Patient must have demonstrated an adequate response to treatment with this drug in the intravenous form, **AND**
- The treatment must be given concomitantly with methotrexate at a dose of at least 7.5 mg weekly, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

All applications for treatment with this drug for this condition under this restriction must include baseline joint count and ESR and/or CRP as determined at the completion of a 6 month intensive DMARD trial but prior to ceasing DMARD therapy, and measurement of response to the prior course of non-PBS-subsidised therapy with this drug. This assessment must be submitted no later than 4 weeks from the cessation of that treatment course.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the continuing treatment criteria.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

infliximab 120 mg/mL injection, 1 mL syringe

12553Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*758.52	41.30	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

12554R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*758.52	41.30	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).

From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.

Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.

(b) Continuing treatment.

Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab patients:

A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Vedolizumab patients:
A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
Adalimumab and infliximab intravenous form only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that
biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Continuing treatment with subcutaneous form or switching from intravenous form to subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received this drug (in any form) as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR
- Patient must have received this drug in the intravenous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab intravenous form continuing treatment restriction, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the

need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**

- Patient must have demonstrated an adequate response to treatment with this drug in the intravenous form.

Population criteria:

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition, if relevant; or

(ii) the reports and dates of the pathology test or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and

(iii) the date of clinical assessment.

An application for the continuing treatment must be accompanied with the assessment of response conducted up to 12 weeks of therapy and no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed within 4 weeks prior to completing their current course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

If fewer than 5 repeats are requested at the time of the application, authority approvals for sufficient repeats to complete 24 weeks treatment may be requested by telephone or electronically via the Online PBS Authorities system and authorised through the Balance of Supply treatment phase PBS restriction. Under no circumstances will immediate assessment approvals be granted for continuing authority applications, or for treatment that would otherwise extend the continuing treatment period.

Authority required

Severe Crohn disease

Treatment Phase: Initial PBS-subsidised treatment (Grandfather patient) - subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have a documented history of severe Crohn disease, **AND**
- Patient must have previously received non-PBS-subsidised treatment with this drug with the subcutaneous form for this condition prior to 1 July 2021, **AND**
- Patient must have previously received induction treatment consisting of 2 doses with this drug for this condition in the intravenous form, **AND**
- Patient must be receiving treatment with this drug for this condition at the time of application, **AND**
- Patient must have had a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 prior to commencing treatment with this drug; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient; OR
- Patient must have demonstrated an adequate response to treatment with this drug in the intravenous form.

Population criteria:

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Crohn Disease PBS Authority Application Form which includes the following:

(i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition, if relevant; or

(ii) the reports and dates of the pathology test or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and

(iii) the date of the most recent clinical assessment.

An application for the continuing treatment must be accompanied with the assessment of response conducted up to 12 weeks after the first dose of infliximab and no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the continuing treatment criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

infliximab 120 mg/mL injection, 1 mL syringe

12586K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*758.52	41.30	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

12560C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*758.52	41.30	Remsima SC [EW]

▪ INFLIXIMAB

Note TREATMENT OF ADULT PATIENTS WITH MODERATE TO SEVERE ULCERATIVE COLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, golimumab, infliximab, tofacitinib and vedolizumab for adult patients with ulcerative colitis. Patients are eligible for PBS-subsidised treatment with either adalimumab, golimumab, infliximab, tofacitinib or vedolizumab at any one time.

Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, golimumab, infliximab), the alphta-4 beta-7 integrin inhibitor (vedolizumab) and the Janus kinase (JAK) inhibitor (tofacitinib).

From 1 July 2021, under the PBS, all adult patients will be able to commence a treatment cycle where they may trial PBS-subsidised biological medicine without having to experience a disease flare when swapping to one of the alternate agents. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a PBS subsidised biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised biological medicine treatment prior to 1 July 2021 is considered to start their first cycle as of 1 July 2021. Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a PBS-subsidised biological medicine under the new treatment cycle.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle under the Initial 3 treatment restrictions.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment after 1 July 2021.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) an adult patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) an adult patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) an adult patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 5 years); or

(iv) an adult patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - recommencement of treatment after a break in biological medicine of more than 5 years).

Treatment authorisations under Initial 1, Initial 2 and Initial 3 will be limited to provide for a maximum of 16 weeks of therapy

for adalimumab and tofacitinib, 14 weeks of therapy for golimumab, infliximab and vedolizumab.
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of treatment for adalimumab or infliximab subcutaneous form or vedolizumab subcutaneous form, a minimum of 8 weeks for tofacitinib, and up to 12 weeks after the first dose (6 weeks following the third dose) for golimumab, infliximab intravenous form or vedolizumab intravenous form.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Vedolizumab subcutaneous form only:
initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and infliximab only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between the intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine treatment is approved, a patient may swap to an alternate biological medicine treatment within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Mayo clinic score or partial Mayo clinic score), or the prior corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine treatment at any time, regardless of whether they are receiving therapy (initial or continuing) at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course (except tofacitinib) will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 5 years, must requalify under Initial 3 treatment restriction and meet the relevant criteria with respect to the scores of disease severity.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note The application should indicate which formulation eg. pre-filled pen or pre-filled syringe to ensure appropriate item is approved.

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Continuing treatment with subcutaneous form or switching from intravenous form to subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received this drug (in any form) as their most recent course of PBS-subsidised biological medicine treatment for this condition; OR
- Patient must have received this drug in the intravenous form as their most recent course of PBS-subsidised biological medicine for this condition under the infliximab intravenous form continuing treatment restriction, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR

- Patient must have demonstrated an adequate response to treatment with this drug in the intravenous form.

Population criteria:

- Patient must be aged 18 years or older.

Patients who have failed to maintain a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 with continuing treatment with this drug, will not be eligible to receive further PBS-subsidised treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request sufficient quantity for up to 24 weeks of treatment under this restriction.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed within 4 weeks prior to completing their current course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Moderate to severe ulcerative colitis

Treatment Phase: Initial PBS-subsidised treatment (Grandfather patient) - subcutaneous form

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with this drug with the subcutaneous form for this condition prior to 1 July 2021, **AND**
- Patient must have previously received induction treatment consisting of 2 doses with this drug for this condition in the intravenous form, **AND**
- Patient must have had a Mayo clinic score greater than or equal to 6 prior to commencing treatment with this drug; OR
- Patient must have had a partial Mayo clinic score greater than or equal to 6, provided the rectal bleeding and stool frequency subscores were both greater than or equal to 2 (endoscopy subscore is not required for a partial Mayo score) prior to commencing treatment with this drug; OR
- Patient must have a documented history of moderate to severe refractory ulcerative colitis prior to having commenced treatment with this drug where a Mayo clinic or partial Mayo clinic baseline assessment is not available, **AND**
- Patient must have demonstrated or sustained an adequate response to treatment by having a partial Mayo clinic score less than or equal to 2, with no subscore greater than 1 while receiving treatment with this drug; OR
- Patient must have demonstrated an adequate response to treatment with this drug in the intravenous form.

Population criteria:

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ulcerative Colitis PBS Authority Application Form which includes the following:

(i) the completed baseline Mayo clinic or partial Mayo clinic calculation sheet prior to initiating treatment (if available) and current Mayo clinic or partial Mayo clinic calculation sheet to demonstrate response, including the date of assessment;

(ii) If the baseline Mayo or partial Mayo clinic calculation is not available, reason must be provided; and

(iii) the date of commencement of this drug.

The current Mayo clinic or partial Mayo clinic assessment must be no more than 4 weeks old at the time of application. The baseline assessment must be from immediately prior to commencing treatment with this drug.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the continuing treatment criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online

Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

infliximab 120 mg/mL injection, 1 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12552P	2	5	..	*758.52	41.30	Remsima SC [EW]

infliximab 120 mg/mL injection, 1 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12587L	2	5	..	*758.52	41.30	Remsima SC [EW]

Interleukin inhibitors

▪ GUSELKUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction. There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up

to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment. A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy.

Where an assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond, or to have failed to sustain a response to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; OR

- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 20 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy.

Where an assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond, or to have failed to sustain a response to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

guselkumab 100 mg/mL injection, 1 x 1 mL pen device

12568L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3795.84	41.30	Tremfya [JC]

guselkumab 100 mg/mL injection, 1 x 1 mL syringe

12590P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3795.84	41.30	Tremfya [JC]

▪ GUSELKUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up

to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks

from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**

- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 20 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
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Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

guselkumab 100 mg/mL injection, 1 x 1 mL syringe

11614G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3795.84	41.30	Tremfya [JC]

▪ IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.
Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.
(a) Initial treatment.

Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
Grandfather patients (upadacitinib only)
A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application Form.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 4 weeks old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

12209N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3421.22	41.30	Taltz [LY]

▪ IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.
A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting

in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

11033Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3421.22	41.30	Taltz [LY]

▪ IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

Grandfather patients (upadacitinib only)

A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

(2) Swapping therapy.

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity

(i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; and

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and ESR or CRP level must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measurements must be no more than 4 weeks old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application Form which includes the following:

(i) details of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a baseline BASDAI score; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form; and

(iv) baseline ESR and/or CRP level

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Services Australia website at www.servicesaustralia.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Services Australia website at www.servicesaustralia.gov.au

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

An adequate response is defined as an improvement from baseline of at least 2 units (on a scale of 0-10) in the BASDAI score combined with at least 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 4 weeks old at the time of application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application Form which includes the following:

(i) details of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a BASDAI score.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
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Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

12217B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	3421.22	41.30	Taltz [LY]

▪ IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not

conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**

- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An assessment of a patient's response to this initial course of treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks prior the completion of this course of treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count, ESR and/or CRP must be no more than 4 weeks old at the time of application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 20 weeks treatment available under the above restrictions.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

11623R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3421.22	41.30	Taltz [LY]

▪ IXEKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.

A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**

- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs

Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ixekizumab 80 mg/mL injection, 2 x 1 mL pen devices

11032P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	3421.22	41.30	Taltz [LY]

▪ RISANKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

risankizumab 75 mg/0.83 mL injection, 2 x 0.83 mL syringes

11858D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	5400.51	41.30	Skyrizi [VE]

▪ RISANKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a

treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.
There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy

of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 150 mg for weeks 0 and 4, then 150 mg every 12 weeks thereafter.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 150 mg for weeks 0 and 4, then 150 mg every 12 weeks thereafter.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 150 mg for weeks 0 and 4, then 150 mg every 12 weeks thereafter.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 150 mg for weeks 0 and 4, then 150 mg every 12 weeks thereafter.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

risankizumab 75 mg/0.83 mL injection, 2 x 0.83 mL syringes

11827L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	5400.51	41.30	Skyrizi [VE]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.
Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
Grandfather patients (upadacitinib only)
A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note Special Pricing Arrangements apply.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

secukinumab 150 mg/mL injection, 1 mL pen device

10893H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	709.65	41.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Authority approval for sufficient therapy to complete a maximum of 16 weeks of treatment may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR

- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10494H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1403.69	41.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction. There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of

therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR

- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

secukinumab 150 mg/mL injection, 1 mL pen device

10898N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	709.65	41.30	Cosentyx [NV]

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10901R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1403.69	41.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.

Grandfather patients (upadacitinib only)

A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.

A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.

For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.

Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting

in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note Special Pricing Arrangements apply.

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 1 month old at the time of application.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

secukinumab 150 mg/mL injection, 1 mL pen device

10906B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	709.65	41.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of secukinumab, certolizumab pegol and golimumab for adult patients with non-radiographic axial spondyloarthritis.
Where the term 'biological medicine' appears in notes and restrictions, it refers to secukinumab, certolizumab pegol and golimumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times (once with any biological medicine) within the same treatment cycle, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment with secukinumab, certolizumab pegol and golimumab
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(2) Continuing treatment.
For continuing courses of PBS-subsidised biological medicine it is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment in courses of up to 24 weeks provided they continue to sustain an adequate response.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a new patient, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial 1 (New patient), Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years) or Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patients) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 20 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 20 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 20 weeks treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment or Grandfather patient - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Continuing treatment restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Grandfathered treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the continuing treatment restriction or the grandfather restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

secukinumab 150 mg/mL injection, 1 mL pen device

12297F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	709.65	41.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction. There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.

A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.

For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

secukinumab 150 mg/mL injection, 1 mL pen device

10895K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	709.65	41.30	Cosentyx [NV]

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10899P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1403.69	41.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of secukinumab, certolizumab pegol and golimumab for adult patients with non-radiographic axial spondyloarthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to secukinumab, certolizumab pegol and golimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment 3 times (once with any biological medicine) within the same treatment cycle, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.

A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy

of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment with secukinumab, certolizumab pegol and golimumab
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(2) Continuing treatment.
For continuing courses of PBS-subsidised biological medicine it is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment in courses of up to 24 weeks provided they continue to sustain an adequate response.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records.
For a new patient, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug for this condition, **AND**
- The treatment must not exceed a maximum of 24 weeks with this drug per authorised course under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

If the requirement to demonstrate an elevated CRP level could not be met under an initial treatment restriction, a reduction in the BASDAI score from baseline will suffice for the purposes of administering this continuing treatment restriction.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Grandfather treatment

Clinical criteria:

- Patient must have previously received non-PBS-subsidised treatment with this drug for this indication prior to 1 April 2021, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that was relieved by exercise but not rest, prior to initiating non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, prior to initiating non-PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27); prior to initiating non-PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis prior to commencing non-PBS-subsidised treatment with this biological medicine, **AND**
- The condition must have been diagnosed as non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, prior to having commenced non-PBS-subsidised treatment with this biological medicine, **AND**
- The condition must have been sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI) prior to commencing non-PBS-subsidised treatment with this biological medicine, **AND**
- The condition must have had presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent) prior to commencing non-PBS-subsidised treatment with this biological medicine, **AND**
- The condition must have had BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium) prior to commencing non-PBS-subsidised treatment with this biological medicine, **AND**
- The treatment must not exceed a maximum of 24 weeks with this drug under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response to NSAIDs and must have been demonstrated prior to initiation of non-PBS subsidised treatment with this biological medicine for this condition:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI score and CRP level must have been determined at the completion of the 3-month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measures must have been no more than 1 month old at the time of initiating non-PBS subsidised treatment with this biological medicine for this condition.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the continuing treatment criteria.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The baseline BASDAI score and CRP level must also be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available

on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

secukinumab 150 mg/mL injection, 1 mL pen device

12307R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	709.65	41.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH ANKYLOSING SPONDYLITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib for adult patients with ankylosing spondylitis.
Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 8 biological medicines at any 1 time.
Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.
A patient who has been receiving PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab and secukinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
(1) How to prescribe PBS-subsidised biological medicine treatment with adalimumab, certolizumab pegol, etanercept, golimumab, infliximab, ixekizumab, secukinumab and upadacitinib.
(a) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
Grandfather patients (upadacitinib only)
A patient who commenced treatment with upadacitinib for ankylosing spondylitis prior to 1 October 2021 and who continues to receive treatment at the time of application, may qualify for treatment under the 'Grandfather' treatment restriction.
A patient may only qualify for PBS-subsidised treatment under this restriction once. A maximum of 24 weeks of treatment will be authorised under this criterion. Following completion of the initial PBS-subsidised course, further subsidised treatment must be prescribed under the continuing treatment restriction of the relevant drug. 'Grandfather' arrangements will only apply for the first treatment cycle.
For the second and subsequent cycles, a 'grandfather' patient must qualify for continuing treatment under the criteria that apply to a continuing patient.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
Assessment of the patient's response to treatment must be conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the cessation of the most recent course of biological medicine therapy. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:

For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI), or the prior NSAID therapy and exercise program requirements.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the BASDAI, ESR and/or CRP submitted with the first authority application for a biological medicine.
For a new patient, the BASDAI used to determine the baseline must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response.
Prescribers may provide new baseline measurements any time an 'Initial treatment' authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Clinical criteria:

- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale; AND

(b) an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI must be determined at the completion of the 3 month NSAID and exercise trial, but prior to ceasing NSAID treatment. The BASDAI must be no more than 1 month old at the time of initial application.

Both ESR and CRP measures should be provided with the initial treatment application and both must be no more than 1 month old. If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reason this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form which includes the following:

(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a completed BASDAI Assessment Form; and

(iii) a completed Exercise Program Self Certification Form included in the supporting information form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted for the purposes of administering this restriction can be found on the Department of Human Services website at www.humanservices.gov.au

Note For details on the appropriate minimum exercise program that will be accepted for the purposes of administering this restriction, please refer to the Department of Human Services website at www.humanservices.gov.au

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Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

An adequate response is defined as an improvement from baseline of at least 2 of the BASDAI and 1 of the following:

(a) an ESR measurement no greater than 25 mm per hour; or

(b) a CRP measurement no greater than 10 mg per L; or

(c) an ESR or CRP measurement reduced by at least 20% from baseline.

Where only 1 acute phase reactant measurement is supplied in the first application for PBS-subsidised treatment, that same marker must be measured and supplied in all subsequent continuing treatment applications.

All measurements provided must be no more than 1 month old at the time of application.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Ankylosing spondylitis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be radiographically (plain X-ray) confirmed Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis, **AND**
- Patient must have at least 2 of the following: (i) low back pain and stiffness for 3 or more months that is relieved by exercise but not by rest; or (ii) limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or (iii) limitation of chest expansion relative to normal values for age and gender, **AND**
- Patient must have a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 4 on a 0-10 scale that is no more than 4 weeks old at the time of application, **AND**
- Patient must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour that is no more than 4 weeks old at the time of application; OR
- Patient must have a C-reactive protein (CRP) level greater than 10 mg per L that is no more than 4 weeks old at the time of application; OR
- Patient must have a clinical reason as to why demonstration of an elevated ESR or CRP cannot be met and the application must state the reason, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of ankylosing spondylitis.

The authority application must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Ankylosing Spondylitis PBS Authority Application - Supporting Information Form which includes the following:

(i) a copy of the radiological report confirming Grade II bilateral sacroiliitis or Grade III unilateral sacroiliitis; and

(ii) a completed BASDAI Assessment Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

secukinumab 150 mg/mL injection, 1 mL pen device

10890E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	..	*2783.54	41.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of secukinumab, certolizumab pegol and golimumab for adult patients with non-radiographic axial spondyloarthritis.

Where the term 'biological medicine' appears in notes and restrictions, it refers to secukinumab, certolizumab pegol and golimumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A serious adverse reaction requiring permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy

and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.
Once a patient has either failed or ceased to respond to treatment 3 times (once with any biological medicine) within the same treatment cycle, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last prescription for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle.
A patient who has failed 3 trials or fewer of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment with secukinumab, certolizumab pegol and golimumab
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy (Initial 1 - New patient)
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same agent (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
A patient must be assessed for response to a course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy.
(2) Continuing treatment.
For continuing courses of PBS-subsidised biological medicine it is recommended that a patient be reviewed the month prior to completing their current course of treatment to ensure uninterrupted biological medicine supply.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that biological medicine provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment in courses of up to 24 weeks provided they continue to sustain an adequate response.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted no later than 4 weeks from the cessation of that treatment course. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. the C-reactive protein (CRP) level and the BASDAI score), or the prior NSAID therapy and exercise program requirements.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction requiring permanent treatment withdrawal.
(4) Baseline measurements to determine response.
A response to treatment is based on the baseline BASDAI score and CRP level documented in the patient's medical records. For a new patient, the BASDAI score used to determine baseline disease severity must be measured while the patient is receiving NSAID therapy and completing their exercise program.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications.
Prescribers may provide new baseline measurements any time that an 'Initial treatment' authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological medicine therapy of at least 5 years, must qualify under the Initial 3 treatment restriction. The same clinical criteria and indices of disease severity (i.e. the C-reactive protein (CRP) levels and the BASDAI) as for the Initial 1 (New patient) restriction will need to be met, but a re-trial of NSAID therapy and exercise therapy is not required.

Note No increase in the maximum quantity or number of units may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 1 (New patient)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**

- Patient must have failed to achieve an adequate response following treatment with at least 2 non-steroidal anti-inflammatory drugs (NSAIDs), whilst completing an appropriate exercise program, for a total period of 3 months, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The stated maximum quantity of 5 with zero repeats is intended for a patient undergoing the loading dose regimen of 150 mg administered at weeks 0, 1, 2, 3, and 4 (a total of 5 doses) followed by monthly administration thereafter.

State in the application whether a loading dose regimen is intended or not.

Where a loading dose regimen is intended, request a maximum quantity of 5 and zero repeats to cover doses at weeks 0, 1, 2, 3 and 4. Doses at week 8, 12, and 16 can be sought under the relevant 'Balance of supply' listing.

Where no loading dose regimen is intended, request a maximum quantity of 1 and seek an increase in the number of repeats from zero to 4 repeats to cover dosing at weeks 4, 8, 12 and 16. Where increased repeats are sought, the maximum quantity sought must not be greater than 1.

The application must include details of the NSAIDs trialled, their doses and duration of treatment.

If the NSAID dose is less than the maximum recommended dose in the relevant TGA-approved Product Information, the application must include the reason a higher dose cannot be used.

If treatment with NSAIDs is contraindicated according to the relevant TGA-approved Product Information, the application must provide details of the contraindication.

If intolerance to NSAID treatment develops during the relevant period of use which is of a severity to necessitate permanent treatment withdrawal, the application must provide details of the nature and severity of this intolerance.

The following criteria indicate failure to achieve an adequate response to NSAIDs and must be demonstrated at the time of the initial application:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The baseline BASDAI score and CRP level must be determined at the completion of the 3-month NSAID and exercise trial, but prior to ceasing NSAID treatment. All measures must be no more than 4 weeks old at the time of initial application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The baseline BASDAI score and CRP level must also be documented in the patient's medical records.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 2 (Change or recommencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**

- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with biological medicines more than three times for this PBS-indication during the current treatment cycle, **AND**
- Patient must not have failed PBS-subsidised therapy with this biological medicine for this PBS indication more than once in the current treatment cycle, **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

An application for Initial 2 treatment must indicate whether the patient has demonstrated an adequate response (an absence of treatment failure), failed or experienced an intolerance to the most recent supply of biological medicine treatment.

A new baseline Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score and C-reactive protein (CRP) level may be provided at the time of this application.

An adequate response to therapy with this biological medicine is defined as a reduction from baseline in the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score by 2 or more units (on a scale of 0-10) and 1 of the following:

(a) a CRP measurement no greater than 10 mg per L; or

(b) a CRP measurement reduced by at least 20% from baseline.

The assessment of the patient's response to the most recent supply of biological medicine must be conducted following a minimum of 12 weeks of treatment.

BASDAI scores and CRP levels must be documented in the patient's medical records.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The following must be provided at the time of application and documented in the patient's medical records:

(a) the BASDAI score; and

(b) the C-reactive protein (CRP) level.

The stated maximum quantity of 5 with zero repeats is intended for a patient undergoing the loading dose regimen of 150 mg administered at weeks 0, 1, 2, 3, and 4 (a total of 5 doses) followed by monthly administration thereafter.

State in the application whether a loading dose regimen is intended or not.

Where a loading dose regimen is intended, request a maximum quantity of 5 and zero repeats to cover doses at weeks 0, 1, 2, 3 and 4. Doses at week 8, 12, and 16 can be sought under the relevant 'Balance of supply' listing.

Where no loading dose regimen is intended, request a maximum quantity of 1 and seek an increase in the number of repeats from zero to 4 repeats to cover dosing at weeks 4, 8, 12 and 16. Where increased repeats are sought, the maximum quantity sought must not be greater than 1.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Non-radiographic axial spondyloarthritis

Treatment Phase: Initial treatment - Initial 3 (Recommencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had chronic lower back pain and stiffness for 3 or more months that is relieved by exercise but not rest, **AND**
- Patient must have had a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have one or more of the following: (a) enthesitis (heel); (b) uveitis; (c) dactylitis; (d) psoriasis; (e) inflammatory bowel disease; or (f) positive for Human Leukocyte Antigen B27 (HLA-B27), **AND**
- The condition must not be radiographically evidenced on plain x-ray of Grade II bilateral sacroiliitis or Grade III or IV unilateral sacroiliitis, **AND**
- The condition must be non-radiographic axial spondyloarthritis, as defined by Assessment of Spondyloarthritis International Society (ASAS) criteria, **AND**
- The condition must be sacroiliitis with active inflammation and/or oedema on non-contrast Magnetic Resonance Imaging (MRI), **AND**
- The condition must have presence of Bone Marrow Oedema (BMO) depicted as a hyperintense signal on a Short Tau Inversion Recovery (STIR) image (or equivalent), **AND**
- The condition must have BMO depicted as a hypointense signal on a T1 weighted image (without gadolinium), **AND**
- Patient must not receive more than 20 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of non-radiographic axial spondyloarthritis.

The following must be provided at the time of application and documented in the patient's medical records:

(a) a Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) score of at least 4 on a 0-10 scale; and

(b) C-reactive protein (CRP) level greater than 10 mg per L.

The BASDAI score and CRP level must be no more than 4 weeks old at the time of this application.

If the requirement to demonstrate an elevated CRP level could not be met, the reason must be stated in the application. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

The stated maximum quantity of 5 with zero repeats is intended for a patient undergoing the loading dose regimen of 150 mg administered at weeks 0, 1, 2, 3, and 4 (a total of 5 doses) followed by monthly administration thereafter.

State in the application whether a loading dose regimen is intended or not.

Where a loading dose regimen is intended, request a maximum quantity of 5 and zero repeats to cover doses at weeks 0, 1, 2, 3 and 4. Doses at week 8, 12, and 16 can be sought under the relevant 'Balance of supply' listing.

Where no loading dose regimen is intended, request a maximum quantity of 1 and seek an increase in the number of repeats from zero to 4 repeats to cover dosing at weeks 4, 8, 12 and 16. Where increased repeats are sought, the maximum quantity sought must not be greater than 1.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

secukinumab 150 mg/mL injection, 1 mL pen device

12321L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*3452.63	41.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10425Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1403.69	41.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR

- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note The assessment of the patient's response to this initial course of treatment must be made following a minimum of 12 weeks of treatment and submitted to the Department of Human Services no later than 4 weeks from the cessation of the treatment course. If the response assessment is not submitted within these timeframes, the patient will be deemed to have failed this course of treatment.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

secukinumab 150 mg/mL injection, 1 mL pen device

10900Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	..	*2783.54	41.30	Cosentyx [NV]

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10894J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	..	*5427.50	41.30	Cosentyx [NV]

▪ SECUKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus

psoriasis affecting the face, hands and feet.
(1) Initial treatment.
An application for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**

- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**

- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

secukinumab 150 mg/mL injection, 2 x 1 mL pen devices

10910F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	..	*5427.50	41.30	Cosentyx [NV]

▪ TILDRAKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a

minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:
(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or
(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The authority application must be made in writing and must include:
(a) a completed authority prescription form(s); and
(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for the continuing treatment must be accompanied with the assessment of response conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tildrakizumab 100 mg/mL injection, 1 mL syringe

11613F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	3271.27	41.30	Ilumya [RA]

▪ TILDRAKIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4

weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 100 mg for weeks 0 and 4, then 100 mg every 12 weeks thereafter.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 100 mg for weeks 0 and 4, then 100 mg every 12 weeks thereafter.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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Or mailed to:
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Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 100 mg for weeks 0 and 4, then 100 mg every 12 weeks thereafter.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

At the time of the authority application, medical practitioners should request to provide for an initial course of this drug for this condition sufficient for up to 28 weeks of therapy, at a dose of 100 mg for weeks 0 and 4, then 100 mg every 12 weeks thereafter.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR

- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tildrakizumab 100 mg/mL injection, 1 mL syringe

11616J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3271.27	41.30	Ilumya [RA]

▪ TOCILIZUMAB

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients over 18 years who have a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS-subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.
Alternative biological medicine refers to adalimumab and etanercept.
Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment from another biological medicine to tocilizumab after resolution of the critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- Patient must have been receiving PBS-subsidised treatment with a biological medicine for this condition in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with the alternative biological medicine as their most recent treatment, evidence of a response must be provided.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence demonstrating a response to the alternative biological medicine is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12761P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	811.89	41.30	Actemra ACTPen [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12762Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	811.89	41.30	Actemra Subcutaneous Injection [RO]

▪ TOCILIZUMAB

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, and etanercept for patients who have severe active juvenile idiopathic arthritis.
This listing is a temporary listing and is only to be used to transfer patients currently receiving PBS subsidised treatment with tocilizumab to another biological medicine, where tocilizumab is not available due to the current critical medicines shortage.
Alternative biological medicine refers to adalimumab and etanercept.
Should it be necessary to continue treatment with the alternative biological medicine, applications must be made under the relevant 'First continuing - Temporary listing' PBS listing.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment from another biological medicine to tocilizumab after resolution of the critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021,

AND

- Patient must have been receiving PBS-subsidised treatment with a biological medicine for this condition in place of tocilizumab due to the critical supply shortage of tocilizumab.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Patients under 30 kg may receive up to 24 weeks of treatment under this restriction. Patients 30 kg and over may receive up to 16 weeks of treatment under this restriction.

If a patient has received 12 weeks or more of therapy with the alternative biological medicine as their most recent treatment, evidence of a response must be provided.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence demonstrating a response to the alternative biological medicine is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12767Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	811.89	41.30	Actemra ACTPen [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12768B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	811.89	41.30	Actemra Subcutaneous Injection [RO]

▪ TOCILIZUMAB

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment therapy after 1 April 2014.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 12 months with the same medicine (initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 12 months (initial 3 - Recommencement of treatment after a break in biological medicine of more than 12 months)
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
To avoid confusion, an application for a patient who wishes to swap to an alternate biological medicine should be accompanied by the approved authority prescription or remaining repeats for the biological medicine the patient is ceasing.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to the revised baseline measurement.
(5) Recommencement of treatment after a 12 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 12 months, must qualify under the initial 3 restriction and meet the relevant criteria and index of disease severity.
(6) Withdrawal of treatment after sustained remission.
Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should

be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be submitted to Services Australia if subsequent authority applications are required.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must be 30kg or over, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11742B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	811.89	41.30	Actemra ACTPen [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11720W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	811.89	41.30	Actemra Subcutaneous Injection [RO]

▪ TOCILIZUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Active giant cell arteritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist, clinical immunologist or neurologist experienced in the management of giant cell arteritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed 52 weeks in total including initial and continuing applications.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11722Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	6	..	811.89	41.30	Actemra ACTPen [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11721X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	6	..	811.89	41.30	Actemra Subcutaneous Injection [RO]

▪ TOCILIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:
an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing Treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11750K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	811.89	41.30	Actemra ACTPen [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11730J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	811.89	41.30	Actemra Subcutaneous Injection [RO]

▪ TOCILIZUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note A patient may only qualify for PBS-subsidised treatment under this restriction once in a lifetime.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Active giant cell arteritis

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a rheumatologist, clinical immunologist or neurologist experienced in the management of giant cell arteritis.

Clinical criteria:

- Patient must have clinical symptoms of active giant cell arteritis in the absence of any other identifiable cause, **AND**
- Patient must have an ESR equal to or greater than 30 mm/hour within the past 6 weeks; OR
- Patient must have a CRP equal to or greater than 10 mg/L within the past 6 weeks; OR
- Patient must have active giant cell arteritis confirmed by positive temporal artery biopsy or imaging, **AND**
- Patient must have had a history of an ESR equal to or greater than 50 mm/hour or a CRP equal to or greater than 24.5 mg/L at diagnosis, **AND**
- Patient must have had temporal artery biopsy revealing features of giant cell arteritis at diagnosis; OR
- Patient must have had evidence of large-vessel vasculitis by magnetic resonance (MR) or computed tomography (CT) angiography or PET/CT at diagnosis, **AND**
- The treatment must be in combination with a tapering course of corticosteroids, **AND**
- The treatment must not exceed 52 weeks in total including initial and continuing applications.

Population criteria:

- Patient must be aged 50 years or older.

Clinical symptoms of giant cell arteritis at diagnosis include unequivocal cranial symptoms of giant cell arteritis (new onset localized headache, scalp tenderness, temporal artery tenderness or decreased pulsation, ischemia related vision loss, or otherwise unexplained mouth or jaw pain upon mastication); or symptoms of polymyalgia rheumatica, defined as shoulder and/or hip girdle pain associated with inflammatory morning stiffness.

The authority application must be made in writing and must include:

(1) a completed authority prescription form;

(2) a completed Giant Cell Arteritis - Supporting Information Form; and

(3) documentation that the patient has active giant cell arteritis including pathology reports outlining the patient's ESR or CRP levels within the last 6 weeks, or positive temporal artery biopsy or imaging;

(4) documentation that the patient has been diagnosed with giant cell arteritis with a history of an ESR equal to or greater than 50 mm/hour or a CRP equal to or greater than 24.5 mg/L at diagnosis.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11744D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	811.89	41.30	Actemra ACTPen [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11743C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	811.89	41.30	Actemra Subcutaneous Injection [RO]

▪ TOCILIZUMAB

Caution Inadvertent muscular injection in patients aged less than 12 years may occur with the pen device.

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tocilizumab for a patient who has severe active systemic juvenile idiopathic arthritis (sJIA).
From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:
(i) continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy, and
(ii) fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.
Once a patient has either failed or ceased to sustain an adequate response to 2 courses of treatment, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised tocilizumab therapy before they are eligible to commence another cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was approved to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive

multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.
How to prescribe PBS-subsidised tocilizumab treatment therapy after 1 May 2012.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised tocilizumab treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received the first course of PBS-subsidised (initial or continuing) tocilizumab therapy in a treatment cycle and is deemed to have failed to respond or sustain an adequate response and the treating physician wishes to trial a second course, provided any break in therapy is less than 12 months (Initial 2 - retrial or recommencement of treatment after a break of less than 12 months); or
(iii) a patient wishes to recommence treatment with tocilizumab following a break in PBS-subsidised therapy of less than 12 months (Initial 2 - retrial or recommencement of treatment after a break of less than 12 months).
(iv) a patient wishes to recommence treatment following a break in PBS-subsidised tocilizumab therapy of more than 12 months (Initial 3 - recommencement of a new treatment cycle after a break of more than 12 months).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with tocilizumab, a patient may qualify to receive up to 24 weeks of continuing treatment with this drug provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing tocilizumab treatment in courses of up to 24 weeks provided they continue to sustain the response. It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted tocilizumab supply.
Assessments of response to a course of PBS-subsidised therapy must be conducted after a minimum of 12 weeks of treatment and no later than 4 weeks from the completion of treatment. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with tocilizumab.
For the second and subsequent courses of PBS-subsidised tocilizumab, it is recommended that a patient be assessed for response in the 4 weeks prior to completing their current course of treatment and that an application is posted to Services Australia no later than 2 weeks prior to the patient completing their current treatment course.
(3) Treatment cycle.
Once initial treatment with PBS-subsidised tocilizumab is approved, a patient deemed to have failed to respond to the first course of treatment may have a second course without having to requalify with respect to the indices of disease severity (joint count, fever and/or CRP level and platelet count), except if the patient has had a break in therapy of more than 12 months.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count submitted with the first authority application for tocilizumab.
Where a patient is deemed to have failed to respond or to sustain an adequate response to the first course of therapy in a treatment cycle, prescribers may provide new baseline measurements for the second course of treatment within that cycle. Assessment of response according to these revised baseline measurements may then occur. If new baseline measurements are not submitted with the initial application for the second course of treatment, then those submitted with the first course will be used to assess response to the second course.
(5) Recommencement of treatment after a 12 month break in PBS-subsidised therapy.
A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised tocilizumab therapy of at least 12 months, must requalify for treatment under the Initial 3 treatment restriction.
(6) Withdrawal of treatment after sustained remission.
Withdrawal of treatment with tocilizumab should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to Services Australia at the time treatment is ceased.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Balance of supply for Initial treatment - Initial 1 (new patient) or Initial 2 (retrial or recommencement of treatment after a break of less than 12 months) or Initial 3 (recommencement of treatment after a break of more than 12 months) - in a patient of any weight being administered a subcutaneous form of this biological medicine

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (retrial or recommencement of treatment after a break of less than 12 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under Initial 3 (recommencement of treatment after a break of more than 12 months) restriction to complete 16 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Balance of supply - Continuing treatment in a patient of any weight being administered a subcutaneous form of this biological medicine

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12094M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	811.89	41.30	Actemra ACTPen [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12102Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	811.89	41.30	Actemra Subcutaneous Injection [RO]

▪ TOCILIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).

(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)

Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.

Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.

Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12

weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course. Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

Abatacept patients:

A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.

The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.

Infliximab subcutaneous form only:

Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.

Rituximab patients:

Subsequent applications may be submitted to Services Australia with new baselines if appropriate.

(b) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Adalimumab and Infliximab only:

Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

Infliximab patients:

A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.

Rituximab patients:

A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.

(2) Swapping therapy

Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.

A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.

A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.

Abatacept:

A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.

Rituximab:

In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised TNF-alfa antagonist treatment.

To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.

PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.

(3) Baseline measurements to determine response.

Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.

To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint

count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient has either failed or ceased to respond to a PBS-subsidised biological medicine for this condition 5 times, they will not be eligible to receive further PBS-subsidised treatment with a biological medicine for this condition.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Continuing Treatment - balance of supply.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11567T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	811.89	41.30	Actemra ACTPen [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

10954M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	811.89	41.30	Actemra Subcutaneous Injection [RO]

▪ TOCILIZUMAB

Caution Inadvertent muscular injection in patients aged less than 12 years may occur with the pen device.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tocilizumab for a patient who has severe active systemic juvenile idiopathic arthritis (sJIA).

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy, and

(ii) fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

Once a patient has either failed or ceased to sustain an adequate response to 2 courses of treatment, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised tocilizumab therapy before they are eligible to commence another cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was approved to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.

How to prescribe PBS-subsidised tocilizumab treatment therapy after 1 May 2012.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised tocilizumab treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received the first course of PBS-subsidised (initial or continuing) tocilizumab therapy in a treatment cycle and is deemed to have failed to respond or sustain an adequate response and the treating physician wishes to trial a second course, provided any break in therapy is less than 12 months (Initial 2 - retrial or recommencement of treatment after a break of less than 12 months); or

(iii) a patient wishes to recommence treatment with tocilizumab following a break in PBS-subsidised therapy of less than 12 months (Initial 2 - retrial or recommencement of treatment after a break of less than 12 months).

(iv) a patient wishes to recommence treatment following a break in PBS-subsidised tocilizumab therapy of more than 12 months (Initial 3 - recommencement of a new treatment cycle after a break of more than 12 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with tocilizumab, a patient may qualify to receive up to 24 weeks of continuing treatment with this drug provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing tocilizumab treatment in courses of up to 24 weeks provided they continue to sustain the response. It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted tocilizumab supply.

Assessments of response to a course of PBS-subsidised therapy must be conducted after a minimum of 12 weeks of treatment and no later than 4 weeks from the completion of treatment. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with tocilizumab.

For the second and subsequent courses of PBS-subsidised tocilizumab, it is recommended that a patient be assessed for response in the 4 weeks prior to completing their current course of treatment and that an application is posted to Services Australia no later than 2 weeks prior to the patient completing their current treatment course.

(3) Treatment cycle.

Once initial treatment with PBS-subsidised tocilizumab is approved, a patient deemed to have failed to respond to the first course of treatment may have a second course without having to requalify with respect to the indices of disease severity (joint count, fever and/or CRP level and platelet count), except if the patient has had a break in therapy of more than 12 months.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.
Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count submitted with the first authority application for tocilizumab.
Where a patient is deemed to have failed to respond or to sustain an adequate response to the first course of therapy in a treatment cycle, prescribers may provide new baseline measurements for the second course of treatment within that cycle. Assessment of response according to these revised baseline measurements may then occur. If new baseline measurements are not submitted with the initial application for the second course of treatment, then those submitted with the first course will be used to assess response to the second course.
(5) Recommencement of treatment after a 12 month break in PBS-subsidised therapy.
A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised tocilizumab therapy of at least 12 months, must requalify for treatment under the Initial 3 treatment restriction.
(6) Withdrawal of treatment after sustained remission.
Withdrawal of treatment with tocilizumab should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to Services Australia at the time treatment is ceased.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Continuing treatment in a patient weighing at least 30 kg

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurements of disease severity submitted with the initial treatment application.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes baseline and current pathology reports detailing CRP and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12084B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	811.89	41.30	Actemra ACTPen [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12099T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	811.89	41.30	Actemra Subcutaneous Injection [RO]

▪ TOCILIZUMAB

Caution Inadvertent muscular injection in patients aged less than 12 years may occur with the pen device.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tocilizumab for a patient who has severe active systemic juvenile idiopathic arthritis (sJIA).

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy, and

(ii) fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

Once a patient has either failed or ceased to sustain an adequate response to 2 courses of treatment, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised tocilizumab therapy before they are eligible to commence another cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was approved to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.

How to prescribe PBS-subsidised tocilizumab treatment therapy after 1 May 2012.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised tocilizumab treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received the first course of PBS-subsidised (initial or continuing) tocilizumab therapy in a treatment cycle and is deemed to have failed to respond or sustain an adequate response and the treating physician wishes to trial a second course, provided any break in therapy is less than 12 months (Initial 2 - retrial or recommencement of treatment after a break of less than 12 months); or

(iii) a patient wishes to recommence treatment with tocilizumab following a break in PBS-subsidised therapy of less than 12 months (Initial 2 - retrial or recommencement of treatment after a break of less than 12 months).

(iv) a patient wishes to recommence treatment following a break in PBS-subsidised tocilizumab therapy of more than 12 months (Initial 3 - recommencement of a new treatment cycle after a break of more than 12 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with tocilizumab, a patient may qualify to receive up to 24 weeks of continuing treatment with this drug provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing tocilizumab treatment in courses of up to 24 weeks provided they continue to sustain the response. It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted tocilizumab supply.

Assessments of response to a course of PBS-subsidised therapy must be conducted after a minimum of 12 weeks of treatment and no later than 4 weeks from the completion of treatment. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with tocilizumab.

For the second and subsequent courses of PBS-subsidised tocilizumab, it is recommended that a patient be assessed for response in the 4 weeks prior to completing their current course of treatment and that an application is posted to Services Australia no later than 2 weeks prior to the patient completing their current treatment course.

(3) Treatment cycle.

Once initial treatment with PBS-subsidised tocilizumab is approved, a patient deemed to have failed to respond to the first course of treatment may have a second course without having to requalify with respect to the indices of disease severity (joint count, fever and/or CRP level and platelet count), except if the patient has had a break in therapy of more than 12 months.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.

(4) Baseline measurements to determine response.

Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count submitted with the first

authority application for tocilizumab.
Where a patient is deemed to have failed to respond or to sustain an adequate response to the first course of therapy in a treatment cycle, prescribers may provide new baseline measurements for the second course of treatment within that cycle. Assessment of response according to these revised baseline measurements may then occur. If new baseline measurements are not submitted with the initial application for the second course of treatment, then those submitted with the first course will be used to assess response to the second course.
(5) Recommencement of treatment after a 12 month break in PBS-subsidised therapy.
A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised tocilizumab therapy of at least 12 months, must requalify for treatment under the Initial 3 treatment restriction.
(6) Withdrawal of treatment after sustained remission.
Withdrawal of treatment with tocilizumab should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to Services Australia at the time treatment is ceased.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Continuing treatment in a patient weighing less than 30 kg

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurements of disease severity submitted with the initial treatment application.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes baseline and current pathology reports detailing CRP and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

The patient remains eligible to receive continuing treatment with the same biological medicine in courses of up to 24 weeks providing they continue to sustain an adequate response. It is recommended that a patient be reviewed in the month prior to completing their current course of treatment.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12090H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	811.89	41.30	Actemra ACTPen [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12086D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	811.89	41.30	Actemra Subcutaneous Injection [RO]

▪ TOCILIZUMAB

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. This listing is a temporary listing and is only to be used to transfer patients back to tocilizumab from another biological medicine, where treatment was changed due to unavailability of tocilizumab due to the critical medicines shortage.
The term biological medicine refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 4 (Temporary listing - change of treatment from another biological medicine to tocilizumab after resolution of the critical shortage of tocilizumab)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have been receiving PBS-subsidised treatment with tocilizumab for this condition prior to 1 November 2021, **AND**
- Patient must have been receiving PBS-subsidised treatment with a biological medicine for this condition in place of tocilizumab due to the critical supply shortage of tocilizumab, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

If a patient has received 12 weeks or more of therapy with the alternative biological medicine as their most recent treatment, evidence of a response must be provided.

If a prescriber wishes to switch therapy back to tocilizumab upon resolution of the shortage, evidence demonstrating a response to the alternative biological medicine is not required, if the patient has not completed 12 weeks of treatment. Prescribers must note on the change/recommencement authority application form that the patient is unable to demonstrate response due to insufficient treatment length and the patient is switching to tocilizumab as the shortage has been resolved.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12792G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	811.89	41.30	Actemra ACTPen [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12806B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	811.89	41.30	Actemra Subcutaneous Injection [RO]

▪ TOCILIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH A HISTORY OF JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient over 18 years who has a history of juvenile idiopathic arthritis with onset prior to the age of 18 years. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.

From 1 April 2014, a patient receiving PBS-subsidised biological medicine therapy is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and

(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 5 year break in PBS-subsidised biological medicine therapy before they are eligible to receive further PBS-subsidised biological medicine therapy.

The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who received PBS-subsidised biological medicine treatment immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 24 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 24 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.

A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 24 months must commence a new treatment cycle under the Initial 3 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine therapy after 1 April 2014.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 24 months with the same medicine (Initial 2 - Change or recommencement of treatment after a break in biological medicine therapy of less than 24 months); or

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - recommencement of treatment after a break in biological medicine of more than 24 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is

not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count and ESR/CRP) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 24 months who would then need to requalify under the Initial 3 restrictions with respect to the indices of disease severity.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
(5) Recommencement of treatment after 24 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 24 months, must qualify under the Initial 3 restriction and meet the relevant criteria and index of disease severity.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved Product Information or cannot be tolerated at a 20 mg weekly dose, the application must include details of the contraindication or intolerance to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note The Department of Human Services website (www.humanservices.gov.au) has details of the toxicities, including severity, which will be accepted for the following purposes:
(a) exempting a patient from the requirement to undertake a minimum 3 month trial of methotrexate at a 20 mg weekly dose;
(b) substituting azathioprine, cyclosporin or sodium aurothiomalate for another DMARD as part of the 6 month intensive DMARD trial;
(c) exempting a patient from the requirement for a 6 month trial of intensive DMARD therapy.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have a documented history of severe active juvenile idiopathic arthritis with onset prior to the age of 18 years, **AND**
- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) an active joint count of fewer than 10 active (swollen and tender) joints; or

(b) a reduction in the active (swollen and tender) joint count by at least 50% from baseline; or

(c) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recently approved PBS-subsidised biological medicine for this condition; OR
- Patient must not have received PBS-subsidised biological medicine for at least 5 years if they failed or ceased to respond to PBS-subsidised biological medicine treatment 3 times in their last treatment cycle, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count must be no more than 4 weeks old at the time of this application.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after break of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11725D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	811.89	41.30	Actemra ACTPen [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11741Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	811.89	41.30	Actemra Subcutaneous Injection [RO]

▪ TOCILIZUMAB

Caution Inadvertent muscular injection in patients aged less than 12 years may occur with the pen device.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS
The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tocilizumab for a patient who has severe active systemic juvenile idiopathic arthritis (sJIA).

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:
(i) continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy, and
(ii) fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.
Once a patient has either failed or ceased to sustain an adequate response to 2 courses of treatment, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised tocilizumab therapy before they are eligible to commence another cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was approved to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.
A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.
How to prescribe PBS-subsidised tocilizumab treatment therapy after 1 May 2012.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised tocilizumab treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received the first course of PBS-subsidised (initial or continuing) tocilizumab therapy in a treatment cycle and is deemed to have failed to respond or sustain an adequate response and the treating physician wishes to trial a second course, provided any break in therapy is less than 12 months (Initial 2 - retrial or recommencement of treatment after a break of less than 12 months); or
(iii) a patient wishes to recommence treatment with tocilizumab following a break in PBS-subsidised therapy of less than 12 months (Initial 2 - retrial or recommencement of treatment after a break of less than 12 months).
(iv) a patient wishes to recommence treatment following a break in PBS-subsidised tocilizumab therapy of more than 12 months (Initial 3 - recommencement of a new treatment cycle after a break of more than 12 months).
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with tocilizumab, a patient may qualify to receive up to 24 weeks of continuing treatment with this drug provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing tocilizumab treatment in courses of up to 24 weeks provided they continue to sustain the response. It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted tocilizumab supply.
Assessments of response to a course of PBS-subsidised therapy must be conducted after a minimum of 12 weeks of treatment and no later than 4 weeks from the completion of treatment. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with tocilizumab.
For the second and subsequent courses of PBS-subsidised tocilizumab, it is recommended that a patient be assessed for response in the 4 weeks prior to completing their current course of treatment and that an application is posted to Services Australia no later than 2 weeks prior to the patient completing their current treatment course.
(3) Treatment cycle.
Once initial treatment with PBS-subsidised tocilizumab is approved, a patient deemed to have failed to respond to the first course of treatment may have a second course without having to requalify with respect to the indices of disease severity (joint count, fever and/or CRP level and platelet count), except if the patient has had a break in therapy of more than 12 months.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count submitted with the first authority application for tocilizumab.
Where a patient is deemed to have failed to respond or to sustain an adequate response to the first course of therapy in a treatment cycle, prescribers may provide new baseline measurements for the second course of treatment within that cycle. Assessment of response according to these revised baseline measurements may then occur. If new baseline measurements are not submitted with the initial application for the second course of treatment, then those submitted with the first course will be used to assess response to the second course.
(5) Recommencement of treatment after a 12 month break in PBS-subsidised therapy.
A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised tocilizumab therapy of at least 12 months, must requalify for treatment under the Initial 3 treatment restriction.
(6) Withdrawal of treatment after sustained remission.
Withdrawal of treatment with tocilizumab should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to Services Australia at the time treatment is ceased.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient weighing at least 30 kg)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have polyarticular course disease which has failed to respond adequately to oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; OR
- Patient must have polyarticular course disease and have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have refractory systemic symptoms, demonstrated by an inability to decrease and maintain the dose of prednisolone (or equivalent) below 0.5 mg per kg per day following a minimum of 2 months of therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

The following criteria indicate failure to achieve an adequate response to prior methotrexate therapy in a patient with polyarticular course disease and must be demonstrated in the patient at the time of the initial application:

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The following criteria indicate failure to achieve an adequate response to prior therapy in a patient with refractory systemic symptoms and must be demonstrated in the patient at the time of the initial application:

(a) an active joint count of at least 2 active joints; and

(b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or

(c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN).

The baseline measurements of joint count, fever and/or CRP level and platelet count must be performed preferably whilst on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with other treatments is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes the following:

(i) the date of assessment of severe active systemic juvenile idiopathic arthritis;

(ii) details of prior treatment including dose and duration of treatment;

(iii) pathology reports detailing CRP and platelet count where appropriate.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (retrial or recommencement of treatment after a break of less than 12 months in a patient weighing at least 30 kg)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with this drug for this condition in the previous 12 months, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug more than once during the current treatment cycle, **AND**

- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes pathology reports detailing C-reactive protein (CRP) level and platelet count where appropriate.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to retrial or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break of more than 12 months in a patient weighing at least 30 kg)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from this drug for this condition, **AND**
- Patient must have polyarticular course disease and the condition must have (a) an active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active joints from the following list of major joints: i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth); OR
- Patient must have refractory systemic symptoms and the condition must have (a) an active joint count of at least 2 active joints; and (b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or (c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes the following:

(i) the date of assessment of severe active systemic juvenile idiopathic arthritis;

(ii) pathology reports detailing C-reactive protein (CRP) level and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12083Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	811.89	41.30	Actemra ACTPen [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12095N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	811.89	41.30	Actemra Subcutaneous Injection [RO]

▪ TOCILIZUMAB

Caution Inadvertent muscular injection in patients aged less than 12 years may occur with the pen device.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE SYSTEMIC JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of tocilizumab for a patient who has severe active systemic juvenile idiopathic arthritis (sJIA).

From 1 May 2012, a patient receiving PBS-subsidised tocilizumab therapy is considered to be in a treatment cycle. Under these arrangements, within a single treatment cycle, a patient may:

(i) continue to receive long-term treatment with PBS-subsidised tocilizumab while they continue to show an adequate response to therapy, and

(ii) fail to respond, or to sustain a response, to PBS-subsidised tocilizumab twice.

Once a patient has either failed or ceased to sustain an adequate response to 2 courses of treatment, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised tocilizumab therapy before they are eligible to commence another cycle. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised tocilizumab treatment was approved to the date of the first application for initial treatment with tocilizumab under the new treatment cycle.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, will not be considered as a treatment failure.

How to prescribe PBS-subsidised tocilizumab treatment therapy after 1 May 2012.

(1) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised tocilizumab treatment and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient has received the first course of PBS-subsidised (initial or continuing) tocilizumab therapy in a treatment cycle and is deemed to have failed to respond or sustain an adequate response and the treating physician wishes to trial a second course, provided any break in therapy is less than 12 months (Initial 2 - retrial or recommencement of treatment after a break of less than 12 months); or

(iii) a patient wishes to recommence treatment with tocilizumab following a break in PBS-subsidised therapy of less than 12 months (Initial 2 - retrial or recommencement of treatment after a break of less than 12 months).

(iv) a patient wishes to recommence treatment following a break in PBS-subsidised tocilizumab therapy of more than 12 months (Initial 3 - recommencement of a new treatment cycle after a break of more than 12 months).

Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.

A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.

(2) Continuing treatment.

Following the completion of an initial treatment course with tocilizumab, a patient may qualify to receive up to 24 weeks of continuing treatment with this drug provided they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing tocilizumab treatment in courses of up to 24 weeks provided they continue to sustain the response. It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted tocilizumab supply.

Assessments of response to a course of PBS-subsidised therapy must be conducted after a minimum of 12 weeks of treatment and no later than 4 weeks from the completion of treatment. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with tocilizumab.

For the second and subsequent courses of PBS-subsidised tocilizumab, it is recommended that a patient be assessed for response in the 4 weeks prior to completing their current course of treatment and that an application is posted to Services Australia no later than 2 weeks prior to the patient completing their current treatment course.

(3) Treatment cycle.

Once initial treatment with PBS-subsidised tocilizumab is approved, a patient deemed to have failed to respond to the first course of treatment may have a second course without having to requalify with respect to the indices of disease severity (joint count, fever and/or CRP level and platelet count), except if the patient has had a break in therapy of more than 12 months.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that

they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
(4) Baseline measurements to determine response.
Whether an adequate response to treatment has been demonstrated or not will be based on the relative change from relevant baseline measurements of the joint count, fever and/or CRP level and platelet count submitted with the first authority application for tocilizumab.
Where a patient is deemed to have failed to respond or to sustain an adequate response to the first course of therapy in a treatment cycle, prescribers may provide new baseline measurements for the second course of treatment within that cycle. Assessment of response according to these revised baseline measurements may then occur. If new baseline measurements are not submitted with the initial application for the second course of treatment, then those submitted with the first course will be used to assess response to the second course.
(5) Recommencement of treatment after a 12 month break in PBS-subsidised therapy.
A patient who wishes to start a second or subsequent treatment cycle following a break in PBS-subsidised tocilizumab therapy of at least 12 months, must requalify for treatment under the Initial 3 treatment restriction.
(6) Withdrawal of treatment after sustained remission.
Withdrawal of treatment with tocilizumab should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. A demonstration of response to the current treatment should be submitted to Services Australia at the time treatment is ceased.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient weighing less than 30 kg)

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have polyarticular course disease which has failed to respond adequately to oral or parenteral methotrexate at a dose of at least 15 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; OR
- Patient must have polyarticular course disease and have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have refractory systemic symptoms, demonstrated by an inability to decrease and maintain the dose of prednisolone (or equivalent) below 0.5 mg per kg per day following a minimum of 2 months of therapy, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

The following criteria indicate failure to achieve an adequate response to prior methotrexate therapy in a patient with polyarticular course disease and must be demonstrated in the patient at the time of the initial application:

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The following criteria indicate failure to achieve an adequate response to prior therapy in a patient with refractory systemic symptoms and must be demonstrated in the patient at the time of the initial application:

(a) an active joint count of at least 2 active joints; and

(b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or

(c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN).

The baseline measurements of joint count, fever and/or CRP level and platelet count must be performed preferably whilst on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with other treatments is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes the following:

(i) the date of assessment of severe active systemic juvenile idiopathic arthritis;

(ii) details of prior treatment including dose and duration of treatment;

(iii) pathology reports detailing CRP and platelet count where appropriate.

The assessment of the patient's response to the initial course of treatment must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment in this treatment cycle.

Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (retrial or recommencement of treatment after a break of less than 12 months in a patient weighing less than 30 kg)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with this drug for this condition in the previous 12 months, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug more than once during the current treatment cycle, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

An adequate response to treatment is defined as:

(a) in a patient with polyarticular course disease:

(i) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(ii) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

- elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

- shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

(b) in a patient with refractory systemic symptoms:

(i) absence of fever greater than 38 degrees Celsius in the preceding seven days; and/or

(ii) a reduction in the C-reactive protein (CRP) level and platelet count by at least 30% from baseline; and/or

(iii) a reduction in the dose of corticosteroid by at least 30% from baseline.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes pathology reports detailing C-reactive protein (CRP) level and platelet count where appropriate.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to retrial or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Authority required

Systemic juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of a new treatment cycle after a break of more than 12 months in a patient weighing less than 30 kg)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from this drug for this condition, **AND**
- Patient must have polyarticular course disease and the condition must have (a) an active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active joints from the following list of major joints: i) elbow, wrist, knee and/or

ankle (assessed as swollen and tender); and/or (ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth); OR

- Patient must have refractory systemic symptoms and the condition must have (a) an active joint count of at least 2 active joints; and (b) persistent fever greater than 38 degrees Celsius for at least 5 out of 14 consecutive days; and/or (c) a C-reactive protein (CRP) level and platelet count above the upper limits of normal (ULN), **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Systemic Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form which includes the following:

(i) the date of assessment of severe active systemic juvenile idiopathic arthritis;

(ii) pathology reports detailing C-reactive protein (CRP) level and platelet count where appropriate.

The most recent systemic juvenile idiopathic arthritis assessment must be no more than 4 weeks old at the time of application.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

The assessment of the patient's response to the most recent course of biological medicine must be conducted following a minimum of 12 weeks of treatment and no later than 4 weeks from the cessation of that treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed that most recent course of treatment in this treatment cycle.

If a patient fails to demonstrate a response to 2 courses of treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition in the current treatment cycle. A serious adverse reaction of a severity requiring permanent withdrawal of treatment is not considered as a treatment failure.

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

12085C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	811.89	41.30	Actemra ACTPen [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

12105D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	811.89	41.30	Actemra Subcutaneous Injection [RO]

▪ TOCILIZUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE RHEUMATOID ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adults with severe active rheumatoid arthritis. Where the term biological medicine appears in the following notes and restrictions it refers to the tumour necrosis factor (TNF) alfa antagonists (adalimumab, certolizumab pegol, etanercept, golimumab, infliximab), the chimeric anti-CD20 monoclonal antibody (rituximab), the interleukin-6 inhibitor (tocilizumab), the T-cell co-stimulation modulator (abatacept) and the Janus kinase (JAK) inhibitors (baricitinib, tofacitinib, upadacitinib).

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

In order to be eligible to receive PBS-subsidised treatment with rituximab, a patient must have already failed to demonstrate a response to at least 1 course of treatment with a PBS-subsidised TNF-alfa antagonist.

A patient receiving PBS-subsidised biological medicine therapy may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements:

- a patient may continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy,
- a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once, and
- once a patient has either failed or ceased to respond to treatment 5 times, they will not be eligible to receive further PBS-subsidised biological medicines for the treatment of rheumatoid arthritis.

A serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Stevens Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered a treatment failure.

A patient whose most recent course of PBS-subsidised therapy was with rituximab and whose response to this treatment is sustained for more than 12 months, may apply for a further course of rituximab under the Continuing treatment restriction.

A patient who has failed fewer than 5 biological medicines and who has a break in treatment of less than 24 months may commence a further course of treatment with a biological medicine under Initial 2 treatment restriction. A patient who has failed fewer than 5 biological medicines and who has had a break in therapy of longer than 24 months may commence a further course of treatment with a biological medicine under the Initial 3 treatment restriction. The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine treatment is stopped to the date of the new application for treatment with a biological medicine.

(1) How to prescribe PBS-subsidised biological medicine therapy after 1 April 2019.

(a) Initial treatment.

Applications for initial treatment should be made where:
(i) a patient has received no prior PBS-subsidised biological medicine treatment and wishes to commence such therapy, excluding rituximab (Initial 1 - new patient); or
(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine therapy and wishes to trial an alternate agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to re-commence treatment with a specific biological medicine following a break of less than 24 months in PBS-subsidised therapy with that agent (Initial 2 - change or recommencement of treatment after a break in biological medicine of less than 24 months).
(iv) a patient wishes to re-commence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 24 months (Initial 3 - re-commencement of treatment after a break in biological medicine of more than 24 months)
Initial applications for a new patient (Initial 1) must include a joint count and ESR and/or CRP measured at the completion of the 6-month intensive DMARD trial, but prior to ceasing DMARD therapy.
Initial treatment authorisations will be limited to provide a maximum of 16 weeks of therapy for abatacept, adalimumab, baricitinib, etanercept, golimumab, tocilizumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy with certolizumab pegol (depending upon the dosing regimen), 22 weeks of therapy for infliximab (either treatment with infliximab intravenous (IV) form alone or a combination of IV and subcutaneous form) and 2 infusions of rituximab.
Patients must be assessed for response to any course of initial PBS-subsidised biological therapy following a minimum of 12 weeks of therapy, and this assessment must be conducted no later than 4 weeks from the completion of that course.
Where a response assessment is not provided with subsequent applications, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Abatacept patients:
A patient is eligible to receive one I.V. loading dose when commencing treatment with the subcutaneous formulation. Two prescriptions are required, the first prescription for the I.V. loading dose for sufficient vials for one dose based on the patient's weight with no repeats.
The second prescription for the subcutaneous formulation, with a maximum quantity of 4 and up to 3 repeats, must be submitted with the initial application.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide form weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Rituximab patients:
Subsequent applications may be submitted to Services Australia with new baselines if appropriate.
(b) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine (excluding rituximab), a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Adalimumab and Infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
Infliximab patients:
A patient may swap between the intravenous form and subcutaneous form of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Rituximab patients:
A patient may qualify to receive a further course of treatment (every 24 weeks) with this agent providing they have demonstrated an adequate response to treatment following a minimum of 12 weeks after the first infusion of their most recent treatment with rituximab. The patient remains eligible to receive a course of rituximab every 24 weeks providing they continue to demonstrate a response as specified in the restriction. Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine.
(2) Swapping therapy
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. the erythrocyte sedimentation rate (ESR), the C-reactive protein (CRP) levels and the joint count) or the prior non- biological medicine therapy requirements except if the patient has had a break in therapy of more than 24 months who would need to requalify with respect to the indices of disease severity. However the requirement for concomitant treatment with methotrexate, where it applies, must be met for each biological medicine trialled.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that agent, unless they have experienced a serious adverse reaction of a severity necessitating permanent treatment withdrawal.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug.
Abatacept:
A patient swapping from I.V. abatacept to subcutaneous abatacept will not be eligible for an I.V. loading dose when commencing treatment with the subcutaneous formulation.
Rituximab:
In order to trial rituximab, a patient must have trialled and failed to demonstrate a response to at least 1 PBS-subsidised

TNF-alfa antagonist treatment.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they be assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
PBS subsidy does not allow for patients to receive treatment with another PBS-subsidised biological medicine during the required treatment-free period applying to patients who have demonstrated a response to their most recent course of rituximab. This means that patients who have demonstrated a response to a course of rituximab must have a PBS-subsidised biological medicine therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine. Patients who fail to respond to rituximab and who qualify and wish to trial a course of an alternate biological medicine may do so without having to have any treatment-free period.
(3) Baseline measurements to determine response.
Determination of whether a response to treatment has been demonstrated must be based on the baseline measurements of the joint count, ESR and/or CRP submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used for all subsequent continuing treatment applications. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response must be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be determined on the total number of major joints.
Applications under the Initial 1 treatment restriction for a new patient must include a joint count and ESR and/or CRP measured at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. The results must be no more than 4 weeks old at the time of application.
Applications under the Initial 3 treatment restriction for re-commencement of treatment after a break in biological medicine of more than 24 months must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with disease modifying anti-rheumatic drugs (DMARDs) which must include at least 3 months continuous treatment with each of at least 2 DMARDs, one of which must be methotrexate at a dose of at least 20 mg weekly and one of which must be: (i) hydroxychloroquine at a dose of at least 200 mg daily; or (ii) leflunomide at a dose of at least 10 mg daily; or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 6 months of intensive treatment with DMARDs which, if methotrexate is contraindicated according to the Therapeutic Goods Administration (TGA)-approved Product Information or cannot be tolerated at a 20 mg weekly dose, must include at least 3 months continuous treatment with each of at least 2 of the following DMARDs: (i) hydroxychloroquine at a dose of at least 200 mg daily; and/or (ii) leflunomide at a dose of at least 10 mg daily; and/or (iii) sulfasalazine at a dose of at least 2 g daily; OR
- Patient must have failed, in the 24 months immediately prior to the date of the application, to achieve an adequate response to a trial of at least 3 months of continuous treatment with a DMARD where 2 of: (i) hydroxychloroquine, (ii) leflunomide, (iii) sulfasalazine, are either contraindicated according to the relevant TGA-approved Product Information or cannot be tolerated at the doses specified above in addition to having a contraindication or intolerance to methotrexate: the remaining tolerated DMARD must be trialled at a minimum dose as mentioned above; OR
- Patient must have a contraindication/severe intolerance to each of: (i) methotrexate, (ii) hydroxychloroquine, (iii) leflunomide, (iv) sulfasalazine; in such cases, provide details for each of the contraindications/severe intolerances claimed in the authority application, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

If methotrexate is contraindicated according to the TGA-approved product information or cannot be tolerated at a 20 mg weekly dose,the application must include details of the contraindication or intolerance including severity to methotrexate. The maximum tolerated dose of methotrexate must be documented in the application, if applicable.

The application must include details of the DMARDs trialled, their doses and duration of treatment, and all relevant contraindications and/or intolerances including severity.

The requirement to trial at least 2 DMARDs for periods of at least 3 months each can be met using single agents sequentially or by using one or more combinations of DMARDs.

If the requirement to trial 6 months of intensive DMARD therapy with at least 2 DMARDs cannot be met because of contraindications and/or intolerances of a severity necessitating permanent treatment withdrawal to all of the DMARDs specified above, details of the contraindication or intolerance including severity and dose for each DMARD must be provided in the authority application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; AND either

(a) a total active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count and ESR and/or CRP must be determined at the completion of the 6 month intensive DMARD trial, but prior to ceasing DMARD therapy. All measures must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note The Services Australia website (www.servicesaustralia.gov.au) has details of the toxicities, including severity, which will be accepted where one is claimed.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 2 (change or re-commencement of treatment after a break in biological medicine of less than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an ESR no greater than 25 mm per hour or a CRP level no greater than 15 mg per L or either marker reduced by at least 20% from baseline;

AND either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either of the Initial 1, Initial 2, Initial 3, or continuing treatment restrictions, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

A patient who has demonstrated a response to a course of rituximab must have a PBS-subsidised biological therapy treatment-free period of at least 22 weeks, immediately following the second infusion, before swapping to an alternate biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial treatment - Initial 3 (re-commencement of treatment after a break in biological medicine of more than 24 months)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 24 months or more from the most recent PBS-subsidised biological medicine for this condition, **AND**
- Patient must not have failed to respond to previous PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not have already failed , or ceased to respond to, PBS-subsidised biological medicine treatment for this condition 5 times, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 16 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied. Treatment with prednisolone dosed at 7.5 mg or higher daily (or equivalent) or a parenteral steroid within the past month (intramuscular or intravenous methylprednisolone or equivalent) is an acceptable reason.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Rheumatoid Arthritis PBS Authority Application - Supporting Information Form.

It is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

To demonstrate a response to treatment the application must be accompanied with the assessment of response from the most recent course of biological medicine therapy following a minimum of 12 weeks in therapy. It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not provided within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active rheumatoid arthritis

Treatment Phase: Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of rheumatoid arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 24 months) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 24 months) to complete 16 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11565Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	811.89	41.30	Actemra ACTPen [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

10951J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	811.89	41.30	Actemra Subcutaneous Injection [RO]

▪ TOCILIZUMAB

Note TREATMENT OF PATIENTS WITH SEVERE ACTIVE JUVENILE IDIOPATHIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of adalimumab, etanercept and tocilizumab for a patient who has severe active juvenile idiopathic arthritis. Where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, etanercept and tocilizumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the 3 biological medicines at any one time.
From 1 April 2014, a patient receiving PBS-subsidised biological medicine is considered to be in a treatment cycle where they may swap to an alternate biological medicine without having to experience a disease flare. Under these interchangeability arrangements, within a single treatment cycle, a patient may:
(i) continue to receive long-term treatment with a PBS-subsidised biological medicine while they continue to show a response to therapy; and
(ii) fail to respond or to sustain a response to each PBS-subsidised biological medicine once only. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single treatment cycle and they must have, at a minimum, a 12 month break in PBS-subsidised biological medicine therapy

before they are eligible to commence another cycle.
The length of a treatment break is measured from the date the most recent treatment with PBS-subsidised biological medicine was approved to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.
A patient who received PBS-subsidised biological medicine immediately prior to 1 April 2014 is considered to be in their first cycle as of 1 April 2014. A patient who has had a break in biological medicine treatment of at least 12 months immediately prior to making a new application, on or after 1 April 2014, will commence a new treatment cycle under the Initial 3 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of less than 12 months may commence a further course of treatment within the same treatment cycle under the Initial 2 treatment restriction.
A patient who has failed fewer than 3 trials of a biological medicine in a treatment cycle and who has a break in therapy of more than 12 months must commence a new treatment cycle under the Initial 3 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment therapy after 1 April 2014.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 12 months with the same medicine (initial 2 - Change or Recommencement of treatment after a break in biological medicine therapy of less than 12 months).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 12 months (initial 3 - Recommencement of treatment after a break in biological medicine of more than 12 months)
Initial treatment authorisations will be limited to provide for a maximum of 16 weeks of therapy.
A patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Adalimumab and infliximab only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (joint count) or the prior non-biological medicine therapy requirements, except if the patient has had a break in therapy of more than 12 months who would then need to requalify under the initial 3 restrictions with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under the interchangeability arrangements, it is important that they are assessed for response to every course of treatment approved, within the timeframes specified in the relevant restriction.
To avoid confusion, an application for a patient who wishes to swap to an alternate biological medicine should be accompanied by the approved authority prescription or remaining repeats for the biological medicine the patient is ceasing.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the joint count submitted with the first authority application for a biological medicine. However, prescribers may provide a new baseline measurement any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to the revised baseline measurement.
(5) Recommencement of treatment after a 12 months break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological medicine therapy of at least 12 months, must qualify under the initial 3 restriction and meet the relevant criteria and index of disease severity.

(6) Withdrawal of treatment after sustained remission.
Withdrawal of treatment with biological medicine should be considered in a patient who has achieved and sustained complete remission of disease for 12 months. An assessment of demonstration of response to the current treatment should be conducted at the time treatment is ceased and the results retained in the patient's records. These results must be submitted to Services Australia if subsequent authority applications are required.

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have demonstrated severe intolerance of, or toxicity due to, methotrexate; OR
- Patient must have demonstrated failure to achieve an adequate response to 1 or more of the following treatment regimens: (i) oral or parenteral methotrexate at a dose of at least 20 mg per square metre weekly, alone or in combination with oral or intra-articular corticosteroids, for a minimum of 3 months; or (ii) oral methotrexate at a dose of at least 10 mg per square metre weekly together with at least 1 other disease modifying anti-rheumatic drug (DMARD), alone or in combination with corticosteroids, for a minimum of 3 months.

Population criteria:

- Patient must be under 18 years of age.

Severe intolerance to methotrexate is defined as intractable nausea and vomiting and general malaise unresponsive to manoeuvres, including reducing or omitting concomitant non-steroidal anti-inflammatory drugs (NSAIDs) on the day of methotrexate administration, use of folic acid supplementation, or administering the dose of methotrexate in 2 divided doses over 24 hours.

Toxicity due to methotrexate is defined as evidence of hepatotoxicity with repeated elevations of transaminases, bone marrow suppression temporally related to methotrexate use, pneumonitis, or serious sepsis.

If treatment with methotrexate alone or in combination with another DMARD is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

The following criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

(a) an active joint count of at least 20 active (swollen and tender) joints; OR

(b) at least 4 active joints from the following list:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The joint count assessment must be performed preferably whilst still on DMARD treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

Patients under 30 kg may receive up to 24 weeks of treatment under this restriction. Patients 30 kg and over may receive up to 16 weeks of treatment under this restriction.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Patients under 30 kg may receive up to 24 weeks of treatment under this restriction. Patients 30 kg and over may receive up to 16 weeks of treatment under this restriction.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient who fails to demonstrate a response to treatment with this drug under this restriction will not be eligible to receive further PBS-subsidised treatment with this drug in this treatment cycle. A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Use of alternative DMARDs in children is dependent on approval by the Therapeutic Goods Administration as age restrictions may apply.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months)

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have had a break in treatment of 12 months or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**

- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints.

Active joints are defined as:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count must be no more than 4 weeks old at the time of this application.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of active joints, the response must be demonstrated on the total number of active joints.

Patients under 30 kg may receive up to 24 weeks of treatment under this restriction. Patients 30 kg and over may receive up to 16 weeks of treatment under this restriction.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient) or Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) - balance of supply

Treatment criteria:

- Must be treated by a paediatric rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 1 (new patient) restriction to complete 16 or 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 12 months) restriction to complete 16 or 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 12 months) restriction to complete 16 or 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks treatment available under the above restrictions for patients 30 kg or over; OR
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions for patients under 30 kg.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must be under 30kg, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

An adequate response to treatment is defined as:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder, cervical spine and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

Determination of whether a response has been demonstrated to initial and subsequent courses of treatment will be based on the baseline measurement of joint count submitted with the initial treatment application.

The authority application must be made in writing and must include:

(1) completed authority prescription form(s); and

(2) a completed Juvenile Idiopathic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 12 months have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

If a patient fails to respond to PBS-subsidised biological medicine treatment 3 times (once with each agent) they will not be eligible to receive further PBS-subsidised biological medicine therapy in this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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Or mailed to:
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Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe active juvenile idiopathic arthritis

Treatment Phase: Continuing treatment - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Patient must be undergoing treatment under the supervision of a paediatric rheumatology treatment centre.

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL pen devices

11734N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	811.89	41.30	Actemra ACTPen [RO]

tocilizumab 162 mg/0.9 mL injection, 4 x 0.9 mL syringes

11748H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	811.89	41.30	Actemra Subcutaneous Injection [RO]

▪ USTEKINUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines etanercept and ustekinumab for patients under 18 years of with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naÃ¯ve patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 3) due to a disease flare with psoriasis affecting the whole body if:

(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(ii) the patient has a current PASI score greater than 15

Etanercept only:

After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 3) due to a disease flare with psoriasis affecting the face, hand or foot if:

(i) all subscores are rated moderate to severe; or

(ii) 2 of the three subscores are rated severe to very severe; or

(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or

(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,

(2) Assessment of response to initial treatment.

After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessmentwill be used to determine eligibility for continuing treatment. and must be conducted within 8 weeks of thelast administered dose.

To avoid an interruption of supply for continuing treatment, the assessment should be submitted and no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment

Etanercept only:

Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.

Ustekinumab only:

Following the completion of an initial 28-week treatment course, a patient may qualify to receive up to 24 weeks per continuing treatment course provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks provided they continue to sustain the response. It is

recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine twice within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Re-commencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Continuing treatment (Whole body, or, face/hand/foot)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but the full number of repeats available under the continuing treatment phase was not prescribed.

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

12662K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	3943.23	41.30	Stelara [JC]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term 'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological

medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.

To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

Where the most recent course of PBS-subsidised treatment with this drug was approved under either Initial 1, Initial 2, or Initial 3 treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online

Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Continuing treatment - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the continuing treatment restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

10767Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	3943.23	41.30	Stelara [JC]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of

more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.
(2) Assessment of response to initial treatment.
When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Face, hand, foot

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have demonstrated an adequate response to treatment with this drug, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 1 repeat will be authorised.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed Psoriasis Area and Severity Index (PASI) calculation sheet and face, hand, foot area diagrams including the date of the assessment of the patient's condition.

The most recent PASI assessment must be no more than 1 month old at the time of application.

Approval will be based on the PASI assessment of response to the most recent course of treatment with this drug.

The PASI assessment for continuing treatment must be performed on the same affected area assessed at baseline.

It is recommended that an application for the continuing treatment is submitted to the Department of Human Services no later than 1 month from the date of completion of the most recent course of treatment. This is to ensure continuity of treatment for those who meet the continuing restriction for PBS-subsidised treatment with this drug for this condition.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment, Whole body or Continuing treatment, Face, hand, foot - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the continuing treatment, Whole body restriction to complete 24 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the continuing treatment, Face, hand, foot restriction to complete 24 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 24 weeks treatment available under the above restrictions, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate).

Treatment criteria:

- Must be treated by a dermatologist.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

9305R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	3943.23	41.30	Stelara [JC]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CROHN DISEASE

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines for adult patients with severe Crohn disease. Where the term 'biological medicine' appears in the following notes and restrictions, it refers to the tumour necrosis factor (TNF) alfa-antagonists (adalimumab and infliximab), the alpha-4 beta-7 integrin inhibitor (vedolizumab) and the human IgG1kappa monoclonal antibody (ustekinumab).

Patients are eligible for PBS-subsidised treatment with only 1 of the above PBS-subsidised biological medicines at any one time.

From 1 September 2017, under the PBS, all patients will be able to commence a treatment cycle where they may trial PBS-subsidised a biological medicine without having to experience a disease flare when swapping to the alternate agent. Under these arrangements, within a single treatment cycle, a patient may continue to receive long-term treatment with a biological medicine while they continue to show a response to therapy.

A patient who received PBS-subsidised treatment with a biological medicine prior to 1 September 2017 is considered to have started their treatment cycle as of 1 September 2017.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once.

Once a patient has either failed or ceased to respond to treatment for this condition 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy for this condition before they are eligible to commence the next cycle. The 5-year break is measured from the date of the last approval for PBS-subsidised biological medicine treatment in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of less than 5 years, may commence a further course of treatment within the same treatment cycle.

A patient who has failed fewer than 3 trials of biological medicine therapy in a treatment cycle and who has a break in therapy of more than 5 years, may commence a new treatment cycle.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

(1) How to prescribe PBS-subsidised adalimumab, infliximab, vedolizumab or ustekinumab therapy after 1 September 2017.

(a) Initial treatment.

Applications for initial treatment should be made where:

(i) a patient has received no prior PBS-subsidised biological medicine treatment in this treatment cycle and wishes to commence such therapy Initial 1 (new patient); or

(ii) a patient has received prior PBS-subsidised (initial or continuing) biological medicine and wishes to trial an alternate agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised

therapy with that agent - Initial 2 (change or recommencement of treatment after a break in therapy of less than 5 years); or (iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years).
From 1 September 2017, a patient must be assessed for response to any course of initial PBS-subsidised treatment following a minimum of 12 weeks of therapy and no later than 4 weeks from the date that course was ceased for adalimumab or infliximab subcutaneous form or ustekinumab or vedolizumab subcutaneous form, and up to 12 weeks after the first dose (6 weeks following the third dose) for infliximab intravenous form or vedolizumab intravenous form.
Where a response assessment is not conducted within these timeframes, the patient will be deemed to have failed to respond to treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab subcutaneous form only:
Initial treatment to subcutaneous form of infliximab should be permitted after administration of at least 2 initial intravenous infusions of infliximab. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised.
Ustekinumab only: Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for the subsequent first dose, containing a quantity of 2 vials of 45 mg and no repeats.
Vedolizumab subcutaneous form only: initial treatment to subcutaneous form of vedolizumab should be permitted after administration of at least 2 of the 3 initial intravenous infusions of vedolizumab. Where two initial doses of vedolizumab (at weeks 0 and 2) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 6. A maximum quantity and number of repeats to provide for weeks 6, 8, 10, 12, 14 and 16 will be authorised. Where three initial doses of vedolizumab (at weeks 0, 2 and 6) is administered via intravenous infusion, initial treatment with subcutaneous form will commence at week 14 (8 weeks after the third dose). A maximum quantity to provide for weeks 14 and 16 will be authorised.
(b) Continuing treatment.
Following the completion of an initial treatment course with a biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment. The patient remains eligible to receive continuing treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response.
It is recommended that a patient be reviewed in the 4 weeks prior to completing their current course of treatment to ensure uninterrupted supply of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be conducted within 4 weeks of the last dose. Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab patients:
A patient may swap between the intravenous and subcutaneous forms of infliximab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with infliximab.
Vedolizumab patients:
A patient may swap between intravenous and subcutaneous forms of vedolizumab at any time under the continuing treatment restrictions provided the patient has demonstrated adequate response to treatment with vedolizumab.
Adalimumab and infliximab intravenous form only:
Following the completion of an initial treatment course with a specific biological medicine, a patient remains eligible to receive up to 24 weeks per course of continuing treatment under the First continuing treatment and Subsequent continuing treatment restrictions with that drug providing they continue to sustain the response.
It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(2) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine therapy is approved, a patient may swap if eligible to the alternate biological medicine within the same treatment cycle without having to requalify with respect to the indices of disease severity (i.e. Crohn Disease Activity Index (CDAI) Score, confirmation of Crohn disease), or the prior conventional therapies of corticosteroid therapy and immunosuppressive therapy.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug once within the same treatment cycle.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment, within the timeframes specified in the relevant restriction.
A patient who is not able to complete an initial treatment course for a biological medicine will be deemed to have failed treatment with that
biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(3) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the CDAI or evidence of intestinal inflammation submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial treatment authority application is submitted within a treatment cycle and the eligibility for continuing treatment must be assessed according to these revised baseline measurements.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline must be used to assess response to all subsequent treatments.
(4) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to recommence treatment following a break in PBS-subsidised biological medicine therapy of at least

5 years, must requalify for initial treatment with respect to the indices of disease severity under the Initial 3 restriction. A re-trial of systemic therapy is not required.

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Population criteria:

- Patient must be aged 18 years or older.

Clinical criteria:

- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have failed to achieve an adequate response to prior systemic therapy with a tapered course of steroids, starting at a dose of at least 40 mg prednisolone (or equivalent), over a 6 week period, **AND**
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with azathioprine at a dose of at least 2 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with 6-mercaptopurine at a dose of at least 1 mg per kg daily for 3 or more consecutive months; OR
- Patient must have failed to achieve adequate response to prior systemic immunosuppressive therapy with methotrexate at a dose of at least 15 mg weekly for 3 or more consecutive months, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 300 as evidence of failure to achieve an adequate response to prior systemic therapy; OR
- Patient must have short gut syndrome with diagnostic imaging or surgical evidence, or have had an ileostomy or colostomy; and must have evidence of intestinal inflammation; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below; OR
- Patient must have extensive intestinal inflammation affecting more than 50 cm of the small intestine as evidenced by radiological imaging; and must have a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220; and must have evidence of failure to achieve an adequate response to prior systemic therapy as specified below.

Applications for authorisation must be made in writing and must include:

(a) two completed authority prescription forms; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) details of prior systemic drug therapy [dosage, date of commencement and duration of therapy]; and

(iii) the reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and

(iv) the date of the most recent clinical assessment.

Evidence of failure to achieve an adequate response to prior therapy must include at least one of the following:

(a) patient must have evidence of intestinal inflammation;

(b) patient must be assessed clinically as being in a high faecal output state;

(c) patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for 2 vials of 45 mg and no repeats.

A maximum quantity of a weight based loading dose is up to 4 vials with no repeats and the subsequent first dose of 90 mg (2 vials of 45 mg) with no repeats provide for an initial 16 week course of this drug will be authorised.

Where fewer than 6 vials in total are requested at the time of the application, authority approvals for a sufficient number of vials based on the patient's weight to complete dosing at weeks 0 and 8 may be requested by telephone through the balance of supply restriction.

Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

All assessments, pathology tests and diagnostic imaging studies must be made within 1 month of the date of application and should be performed preferably whilst still on conventional treatment, but no longer than 1 month following cessation of the most recent prior treatment

If treatment with any of the specified prior conventional drugs is contraindicated according to the relevant TGA-approved Product Information, please provide details at the time of application.

If intolerance to treatment develops during the relevant period of use, which is of a severity necessitating permanent treatment withdrawal, details of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Department of Human Services website.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Increase in the maximum quantity or number of units up to 4 may be authorised for the purpose of weight-based loading dose.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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Complex Drugs
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Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

(a) two completed authority prescription forms; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form, which includes the following:

(i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition, if relevant; or

(ii) the reports and dates of the pathology or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and

(iii) the date of clinical assessment; and

(iv) the details of prior biological medicine treatment including the details of date and duration of treatment.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4 vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for 2 vials of 45 mg and no repeats.

A maximum quantity of a weight based loading dose is up to 4 vials with no repeats and the subsequent first dose of 90 mg (2 vials of 45 mg) with no repeats provide for an initial 16 week course of this drug will be authorised.

Where fewer than 6 vials in total are requested at the time of the application, authority approvals for a sufficient number of vials based on the patient's weight to complete dosing at weeks 0 and 8 may be requested by telephone through the balance of supply restriction.

Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

To demonstrate a response to treatment the application must be accompanied by the results of the most recent course of biological medicine therapy within the timeframes specified in the relevant restriction.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy for adalimumab or ustekinumab and up to 12 weeks after the first dose (6 weeks following

the third dose) for infliximab and vedolizumab and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Increase in the maximum quantity or number of units up to 4 may be authorised for the purpose of weight-based loading dose.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- Patient must have confirmed severe Crohn disease, defined by standard clinical, endoscopic and/or imaging features, including histological evidence, with the diagnosis confirmed by a gastroenterologist or a consultant physician, **AND**
- Patient must have a Crohn Disease Activity Index (CDAI) Score of greater than or equal to 300 that is no more than 4 weeks old at the time of application; OR
- Patient must have a documented history of intestinal inflammation and have diagnostic imaging or surgical evidence of short gut syndrome if affected by the syndrome or has an ileostomy or colostomy; OR
- Patient must have a documented history and radiological evidence of intestinal inflammation if the patient has extensive small intestinal disease affecting more than 50 cm of the small intestine, together with a Crohn Disease Activity Index (CDAI) Score greater than or equal to 220 and that is no more than 4 weeks old at the time of application, **AND**
- Patient must have evidence of intestinal inflammation; OR
- Patient must be assessed clinically as being in a high faecal output state; OR
- Patient must be assessed clinically as requiring surgery or total parenteral nutrition (TPN) as the next therapeutic option, in the absence of this drug, if affected by short gut syndrome, extensive small intestine disease or is an ostomy patient, **AND**
- The treatment must not exceed a total of 2 doses to be administered at weeks 0 and 8 under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

(a) two completed authority prescription forms; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Crohn Disease Activity Index (CDAI) calculation sheet including the date of assessment of the patient's condition if relevant; and

(ii) the reports and dates of the pathology or diagnostic imaging test(s) nominated as the response criterion, if relevant; and

(iii) the date of the most recent clinical assessment.

Evidence of intestinal inflammation includes:

(i) blood: higher than normal platelet count, or, an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour, or, a C-reactive protein (CRP) level greater than 15 mg per L; or

(ii) faeces: higher than normal lactoferrin or calprotectin level; or

(iii) diagnostic imaging: demonstration of increased uptake of intravenous contrast with thickening of the bowel wall or mesenteric lymphadenopathy or fat streaking in the mesentery.

Two completed authority prescriptions should be submitted with every initial application for this drug. One prescription should be written under S100 (Highly Specialised Drugs) for a weight-based loading dose, containing a quantity of up to 4

vials of 130 mg and no repeats. The second prescription should be written under S85 (General) for 2 vials of 45 mg and no repeats.

A maximum quantity of a weight based loading dose is up to 4 vials with no repeats and the subsequent first dose of 90 mg (2 vials of 45 mg) with no repeats provide for an initial 16 week course of this drug will be authorised.

Where fewer than 6 vials in total are requested at the time of the application, authority approvals for a sufficient number of vials based on the patient's weight to complete dosing at weeks 0 and 8 may be requested by telephone through the balance of supply restriction.

Under no circumstances will telephone approvals be granted for initial authority applications, or for treatment that would otherwise extend the initial treatment period.

Any one of the baseline criteria may be used to determine response to an initial course of treatment and eligibility for continued therapy, according to the criteria included in the continuing treatment restriction. However, the same criterion must be used for any subsequent determination of response to treatment, for the purpose of eligibility for continuing PBS-subsidised therapy.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Increase in the maximum quantity or number of units up to 4 may be authorised for the purpose of weight-based loading dose.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- Patient must have an adequate response to this drug defined as a reduction in Crohn Disease Activity Index (CDAI) Score to a level no greater than 150 if assessed by CDAI or if affected by extensive small intestine disease; OR
- Patient must have an adequate response to this drug defined as (a) an improvement of intestinal inflammation as demonstrated by: (i) blood: normalisation of the platelet count, or an erythrocyte sedimentation rate (ESR) level no greater than 25 mm per hour, or a C-reactive protein (CRP) level no greater than 15 mg per L; or (ii) faeces: normalisation of lactoferrin or calprotectin level; or (iii) evidence of mucosal healing, as demonstrated by diagnostic imaging findings, compared to the baseline assessment; or (b) reversal of high faecal output state; or (c) avoidance of the need for surgery or total parenteral nutrition (TPN), if affected by short gut syndrome, extensive small intestine or is an ostomy patient, **AND**
- Patient must not receive more than 24 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Applications for authorisation must be made in writing and must include:

(a) a completed authority prescription form; and

(b) a completed Crohn Disease PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed Crohn Disease Activity Index (CDAI) Score calculation sheet including the date of the assessment of the patient's condition, if relevant; or

(ii) the reports and dates of the pathology test or diagnostic imaging test(s) used to assess response to therapy for patients with short gut syndrome, extensive small intestine disease or an ostomy, if relevant; and

(iii) the date of clinical assessment.

All assessments, pathology tests, and diagnostic imaging studies must be made within 1 month of the date of application.

An application for continuing treatment with this drug must include a measurement of response to the most recent course of PBS-subsidised therapy. This assessment must be conducted no later than 4 weeks from the cessation of that treatment course. If the application is the first application for continuing treatment with this drug, it must be accompanied by an assessment of response to a minimum of 12 weeks of treatment with the initial treatment course.

The assessment of the patient's response to a continuing course of therapy must be made within the 4 weeks prior to completion of that course and posted to the Department of Human Services no less than 2 weeks prior to the date the next dose is scheduled, in order to ensure continuity of treatment for those patients who meet the continuation criterion.

Where an assessment is not submitted to the Department of Human Services within these timeframes, patients will be deemed to have failed to respond, or to have failed to sustain a response, to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Patients are eligible to receive continuing treatment with this drug in courses of up to 24 weeks providing they continue to sustain a response.

At the time of the authority application, medical practitioners should request the appropriate quantity and number of repeats; up to 1 repeat will be authorised for patients whose dosing frequency is every 12 weeks. Up to a maximum of 2 repeats will be authorised for patients whose dosing frequency is every 8 weeks.

Where an inadequate number of repeats are requested at the time of the application to complete a course of 24 weeks treatment, authority approvals for sufficient repeats to complete 24 weeks of treatment may be requested by telephone by contacting the Department of Human Services and applying through the Balance of Supply restriction. Under no circumstances will telephone approvals be granted for treatment that would otherwise extend continuing treatment beyond 24 months.

Note Increase in the maximum number of repeats of up to 2 may be authorised in patients whose dosing frequency is every 8 weeks.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe Crohn disease

Treatment Phase: Balance of supply

Treatment criteria:

- Must be treated by a gastroenterologist (code 87); OR
- Must be treated by a consultant physician [internal medicine specialising in gastroenterology (code 81)]; OR
- Must be treated by a consultant physician [general medicine specialising in gastroenterology (code 82)].

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1 (new patient) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 16 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Continuing treatment restriction to complete 24 weeks of treatment, **AND**
- The treatment must provide no more than the balance of up to 16 weeks therapy available under Initial 1, 2 or 3 treatment; OR
- The treatment must provide no more than the balance of up to 24 weeks therapy available under Continuing treatment.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

11178H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*7779.38	41.30	Stelara [JC]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE ACTIVE PSORIATIC ARTHRITIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab for adult patients with severe active psoriatic arthritis. Therefore, where the term

'biological medicine' appears in notes and restrictions, it refers to adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib, upadacitinib and ustekinumab only.
A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.
A patient receiving PBS-subsidised treatment for psoriatic arthritis is able to commence a treatment cycle where they may trial biological medicines without having to experience a disease flare when swapping to the alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.
A patient who received PBS-subsidised adalimumab, certolizumab pegol, etanercept, golimumab, guselkumab, infliximab, ixekizumab, secukinumab, tofacitinib or ustekinumab treatment prior to 1 October 2021 is considered to start their first cycle as of 1 October 2021.
Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.
Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.
Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a single cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence another cycle [further details are under '(5) Recommencement of treatment after a 5-year break in PBS-subsidised therapy' below].
The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.
A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.
There is no limit to the number of treatment cycles a patient may undertake in their lifetime.
How to prescribe PBS-subsidised biological medicine treatment for severe active psoriatic arthritis.
(1) Initial treatment.
Applications for initial treatment should be made where:
(i) a patient has not received prior PBS-subsidised biological medicine treatment and wishes to commence such therapy (Initial 1 - New patient); or
(ii) a patient has received prior PBS-subsidised biological medicine therapy (initial or continuing) and wishes to trial an alternate medicine (Initial 2 - Change or Recommencement of treatment after a break in therapy of less than 5 years) [further details are under 'Swapping therapy' below]; or
(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years) or
An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, golimumab secukinumab, tofacitinib and upadacitinib, 18 to 20 weeks of therapy for certolizumab pegol (depending upon the dosing regimen), 20 weeks of therapy for guselkumab or ixekizumab, 22 weeks of therapy for infliximab, and 28 weeks of therapy for ustekinumab. It is recommended that a patient be reviewed in the 4 weeks prior to completing their course of initial treatment to ensure uninterrupted biological medicine supply.
A patient must be assessed for response to a course of PBS-subsidised initial treatment following a minimum of 12 weeks of therapy and conducted no later than 4 weeks from the cessation of the treatment course. If the response assessment is not conducted within these timeframes, the patient will be deemed to have failed this course of treatment.
(2) Continuing treatment.
Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.
The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient be reviewed for response following a minimum of 12 weeks of therapy and no later than the 4 weeks from the completion of the most recent course of treatment.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment under the Initial 1, Initial 2 or Initial 3 treatment restrictions.
For the second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that an assessment of a patient's response is conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(3) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to re-qualify with respect to either the indices of disease severity (i.e. erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) level, and active joint count) or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify under the Initial 3 treatment restriction with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed

treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application.
However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that drug within the same treatment cycle.
Within a treatment cycle a patient may alternate between therapy with any biological medicine of their choice (1 at a time) providing:
(i) they have not received PBS-subsidised treatment with that particular biological medicine previously; or
(ii) they have demonstrated an adequate response to that particular biological medicine if they have previously trialled it on the PBS; and
(iii) they have not previously failed to respond to treatment 3 times in this treatment cycle with biological medicines.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(4) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline measurements of the indices of disease severity submitted with the first authority application for a biological medicine.
However, prescribers may provide new baseline measurements any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and these revised baseline measurements will be used to assess response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same indices of disease severity used to establish baseline at the commencement of treatment with each initial treatment application must be used to determine response for all subsequent continuing treatments. Therefore, where only an ESR or CRP level is provided at baseline, an ESR or CRP level respectively must be used to determine response. Similarly, where the baseline active joint count is based on total active joints (i.e. 20 or more active joints), response will be determined according to a reduction in the total number of active joints.
(5) Re-commencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent course of treatment following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment restriction according to the criteria of the relevant restriction and index of disease severity. The application must include a joint count and ESR and/or CRP measurement that is no more than 4 weeks old at the time of application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response to methotrexate at a dose of at least 20 mg weekly for a minimum period of 3 months, **AND**
- Patient must have failed to achieve an adequate response to sulfasalazine at a dose of at least 2 g per day for a minimum period of 3 months; OR
- Patient must have failed to achieve an adequate response to leflunomide at a dose of up to 20 mg daily for a minimum period of 3 months, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Where treatment with methotrexate, sulfasalazine or leflunomide is contraindicated according to the relevant TGA-approved Product Information, details must be provided at the time of application.

Where intolerance to treatment with methotrexate, sulfasalazine or leflunomide developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

The following initiation criteria indicate failure to achieve an adequate response and must be demonstrated in all patients at the time of the initial application:

an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour or a C-reactive protein (CRP) level greater than 15 mg per L; and

either

(a) an active joint count of at least 20 active (swollen and tender) joints; or

(b) at least 4 active joints from the following list of major joints:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An assessment of a patient's response to an initial course of treatment must be conducted following a minimum of 12 weeks of therapy. An application for the continuing treatment must be accompanied with the assessment of response and submitted to the Department of Human Services no later than 4 weeks from the date of completion of the most recent course of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au

Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

An adequate response to treatment is defined as:

an erythrocyte sedimentation rate (ESR) no greater than 25 mm per hour or a C-reactive protein (CRP) level no greater than 15 mg per L or either marker reduced by at least 20% from baseline; and

either of the following:

(a) a reduction in the total active (swollen and tender) joint count by at least 50% from baseline, where baseline is at least 20 active joints; or

(b) a reduction in the number of the following major active joints, from at least 4, by at least 50%:

(i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or

(ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to change or recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 3 months treatment with methotrexate and 3 months treatment with sulfasalazine or leflunomide can be found on the Department of Human Services website (www.humanservices.gov.au)

Note Any queries concerning the arrangements to prescribe may be directed to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Department of Human Services website at www.humanservices.gov.au
Applications for authority to prescribe should be forwarded to:
Department of Human Services
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years)

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; OR
- The condition must have a C-reactive protein (CRP) level greater than 15 mg per L, **AND**
- The condition must have either (a) a total active joint count of at least 20 active (swollen and tender) joints; or (b) at least 4 active major joints, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Major joints are defined as (i) elbow, wrist, knee and/or ankle (assessed as swollen and tender); and/or (ii) shoulder and/or hip (assessed as pain in passive movement and restriction of passive movement, where pain and limitation of movement are due to active disease and not irreversible damage such as joint destruction or bony overgrowth).

All measures of joint count and ESR and/or CRP must be no more than one month old at the time of initial application.

If the above requirement to demonstrate an elevated ESR or CRP cannot be met, the application must state the reasons why this criterion cannot be satisfied.

Where the baseline active joint count is based on total active joints (i.e. more than 20 active joints), response will be determined according to the reduction in the total number of active joints. Where the baseline is determined on total number of major joints, the response must be demonstrated on the total number of major joints. If only an ESR or CRP level is provided with the initial application, the same marker will be used to determine response.

The authority application must be made in writing and must include:

(1) a completed authority prescription form(s); and

(2) a completed Severe Psoriatic Arthritis PBS Authority Application - Supporting Information Form.

An application for a patient who has received PBS-subsidised biological medicine treatment for this condition who wishes to recommence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised biological medicine treatment, within the timeframes specified below.

Where the most recent course of PBS-subsidised biological medicine treatment was approved under either Initial 1, Initial 2, Initial 3 or continuing treatment restrictions, an assessment of a patient's response must have been conducted following a minimum of 12 weeks of therapy and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment.

An application for the continuing treatment must be accompanied with the assessment of response following a minimum of 12 weeks of therapy with this drug and submitted to the Department of Human Services no later than 4 weeks from the date of completion of treatment. This will enable ongoing treatment for those who meet the continuing restriction for PBS-subsidised treatment.

Where the response assessment is not submitted within this timeframe, the patient will be deemed to have failed to respond to treatment with this drug.

If a patient fails to demonstrate a response to treatment with this drug they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition. Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment is not considered as a treatment failure.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online

Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe psoriatic arthritis

Treatment Phase: Initial treatment - Initial 1 (new patient), Initial 2 (change or recommencement of treatment after a break in medicine of less than 5 years) or Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Treatment criteria:

- Must be treated by a rheumatologist; OR
- Must be treated by a clinical immunologist with expertise in the management of psoriatic arthritis.

Clinical criteria:

- Patient must have received insufficient therapy with this drug under the Initial 1 (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug under the Initial 2 (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3 (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment, **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the above restrictions.

Note Authority approval for sufficient therapy to complete the balance of supply may be requested by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

10774C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3943.23	41.30	Stelara [JC]

▪ USTEKINUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines etanercept and ustekinumab for patients under 18 years of with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naÃ¯ve patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in

biological medicine of less than 5 years).
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 3) due to a disease flare with psoriasis affecting the whole body if:
(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(ii) the patient has a current PASI score greater than 15
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 3) due to a disease flare with psoriasis affecting the face, hand or foot if:
(i) all subscores are rated moderate to severe; or
(ii) 2 of the three subscores are rated severe to very severe; or
(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,
(2) Assessment of response to initial treatment.
After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessmentwill be used to determine eligibility for continuing treatment. and must be conducted within 8 weeks of thelast administered dose.
To avoid an interruption of supply for continuing treatment, the assessment should be submitted and no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
Ustekinumab only:
Following the completion of an initial 28-week treatment course, a patient may qualify to receive up to 24 weeks per continuing treatment course provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine twice within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Re-commencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online

Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Note For the next authority approval following this one, aim to conduct and submit the PASI assessment at approximately 4 weeks prior to when a new authority application is due to ensure uninterrupted supply.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment (Whole body) - treatment covering week 28 and onwards

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

The same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of gaining approval for the remainder of 24 weeks treatment.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply (Whole body) - 'Grandfather' arrangements

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be receiving treatment with this biological medicine at the time of this application, with initiation of this biological medicine having commenced prior to 1 October 2021, **AND**
- The treatment must be in a patient who prior to initiating treatment with non-PBS subsidised treatment with this biological medicine, was each of: (i) treatment-naive to this biological medicine, (ii) had psoriatic lesions present for at least 6 months from the time of initial diagnosis, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have, prior to having initiated non-PBS-subsidised treatment with this biological medicine, failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) A Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of the last pre-requisite therapy.

A PASI assessment must have been completed for each pre-requisite treatment trialled, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of that pre-requisite treatment. State in this authority application, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) the PASI score that followed each prior therapy trialled;

(iv) the date the PASI scores were determined

State a baseline PASI score to be referenced in any future authority applications that continue treatment. This PASI score may be any of: (i) a current PASI score, (ii) a PASI score present prior to, or, after a pre-requisite non-biological medicine.

Note Document the patient's baseline disease severity indices scores in their medical record, in addition to stating them in this authority application, to ensure:
(i) the patient's response to treatment can be quantified; and
(ii) in the event that the patient's treating clinician changes, the baseline value(s) are available to the new clinician without need to refer to a third party.

Note A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the continuing treatment criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Continuing treatment (Face, hand, foot) - treatment covering week 28 and onwards

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received this drug as their most recent course of PBS-subsidised biological medicine treatment for this condition, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have been assessed for response to treatment after at least 12 weeks treatment with the preceding supply of this biological medicine, **AND**
- Patient must have demonstrated an adequate response to treatment, **AND**
- Patient must not receive more than 24 weeks of treatment per continuing treatment course authorised under this restriction.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Transitioning from non-PBS to PBS-subsidised supply (Face, hand, foot) - 'Grandfather' arrangements

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be receiving treatment with this biological medicine at the time of this application, with initiation of this biological medicine having commenced prior to 1 October 2021, **AND**
- The treatment must be in a patient who prior to initiating treatment with non-PBS-subsidised treatment with this biological medicine, was each of: (i) treatment-naive to this biological medicine, (ii) had psoriatic lesions present on the face/hand/foot for at least 6 months from the time of initial diagnosis, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have, prior to having initiated non-PBS-subsidised treatment with this biological medicine, failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling being rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy; or

(b) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy

State in this authority application, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) whether failure type (a) or (b) as described above occurred for each prior therapy trialled;

(iv) the dates that response assessments were determined

State in this authority application at least one of the following to act as a baseline measurement and be referenced in any future authority applications that continue treatment:

(v) for each of erythema, thickness and scaling, which of these are rated as severe or very severe (at least 2 must be rated as severe/very severe);

(vi) the percentage area of skin (combined area of face, hands and feet) affected by this condition (must be at least 30%) prior to treatment with biological medicine.

Note Document the patient's baseline disease severity indices scores in their medical record, in addition to stating them in this authority application, to ensure:
(i) the patient's response to treatment can be quantified; and
(ii) in the event that the patient's treating clinician changes, the baseline value(s) are available to the new clinician without need to refer to a third party.

Note A Grandfathered patient may qualify for PBS-subsidised treatment under this restriction once only. For continuing PBS-subsidised treatment, a Grandfathered patient must qualify under the continuing treatment criteria.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

12664M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	3943.23	41.30	Stelara [JC]

▪ USTEKINUMAB

Note TREATMENT OF PATIENTS UNDER 18 YEARS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines etanercept and ustekinumab for patients under 18 years of with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to etanercept and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who is receiving PBS-subsidised treatment for severe chronic plaque psoriasis is able to commence a treatment cycle where they may trial a biological medicine without having to experience a disease flare when swapping to an alternate biological medicine within the same treatment cycle.

Under these arrangements, within a treatment cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than twice.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 times in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

There are separate restrictions for the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hand and foot.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

(i) a patient has never received PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - Biological medicine-naÃ¯ve patient); or

(ii) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years); or

(iii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and

wishes to trial an alternate biological medicine or recommence with the same biological medicine within the same treatment cycle (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or
(iv) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept within 12 months (Initial 3) due to a disease flare with psoriasis affecting the whole body if:
(i) there is at least a 50% change in the patients PASI score compared to the most recent response assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(ii) the patient has a current PASI score greater than 15
Etanercept only:
After completing 24-weeks of treatment with PBS-subsidised etanercept, a patient is eligible for re-treatment with etanercept (Initial 3) due to a disease flare with psoriasis affecting the face, hand or foot if:
(i) all subscores are rated moderate to severe; or
(ii) 2 of the three subscores are rated severe to very severe; or
(iii) the affected area of skin has increased by at least 50% compared to that at the time of the last assessment following cessation of the most recent 24 weeks of PBS-subsidised etanercept; or
(iv) the area affected is 30% or more of the face, palm of a hand or sole of a foot,
(2) Assessment of response to initial treatment.
After prescribing initial treatment with a biological medicine, a PASI assessment must be conducted after at least 12 weeks of treatment. This assessmentwill be used to determine eligibility for continuing treatment. and must be conducted within 8 weeks of thelast administered dose.
To avoid an interruption of supply for continuing treatment, the assessment should be submitted and no later than 2 weeks prior to when the next dose (under the new authority application) is due, unless the patient is currently on a treatment break.
The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.
(3) Continuing treatment
Etanercept only:
Following the completion of an initial 16-week treatment course with etanercept, a patient may receive a further 8 weeks of treatment (under the 'Completion of course' treatment phase) to complete a 24-week treatment course, providing they have demonstrated an adequate response to treatment to the initial supply.
Ustekinumab only:
Following the completion of an initial 28-week treatment course, a patient may qualify to receive up to 24 weeks per continuing treatment course provided they demonstrate an adequate response to treatment. The patient remains eligible to receive continuing treatment in courses of up to 24 weeks provided they continue to sustain the response. It is recommended that a patient be reviewed 4 weeks prior to when their next dose (under a new authority application) is due to ensure uninterrupted supply, but no later than 8 weeks after the date of the last administered dose.
A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements. If the patient has had a break in therapy of more than 5 years, the indices of disease severity need to be met, but a re-trial of non-biological therapy is not required.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to that biological medicine twice within the same treatment cycle or have failed to respond to biological medicines, as an aggregate, on 3 occasions within the same treatment cycle.
To ensure patients receive the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment must be demonstrated based on the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6A) Re-commencement of treatment after a break of less than 5 years in PBS-subsidised therapy (all drugs except etanercept).
A patient who wishes to resume treatment following a break in PBS-subsidised therapy of less than 5 years must resume under the 'Initial 2' treatment phase. The most recent PASI assessment demonstrating disease flare must be no more than 4 weeks old at the time of application.
(6B) Re-treatment (etanercept only)
A patient may be re-treated, in certain circumstances, with etanercept after completing a 24-week treatment course under the 'Initial 4' treatment phase.
(7) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to undertake a new treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under an 'Initial 3' treatment phase.

Note The 28-weeks of treatment provided by this listing is intended to cover doses occurring at week 0, week 4 and week 16. Based on body weight, request an amount of biological medicine sufficient to cover a dose occurring at these timepoints. The original prescription is intended to cover a dose at week 0 and the 2 repeat prescriptions available are intended to cover doses at week 4 and week 16.
The dose due at week 28 is obtained with the first prescription obtained under the 'Continuing treatment' phase. Remind the patient to return for clinical review at approximately week 24 of treatment to enable ample time to obtain the authority application enabling dosing from week 28 and onwards.
Document the patient's baseline disease severity indices scores in their medical record, in addition to stating them in this authority application, to ensure:
(i) the patient's response to treatment can be quantified; and
(ii) in the event that the patient's treating clinician changes, the baseline value(s) are available to the new clinician without need to refer to a third party.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Whole body) - biological medicine-naive patient

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have lesions present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; and/or (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; and/or (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) A Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of the last pre-requisite therapy.

A PASI assessment must have been completed for each pre-requisite treatment trialled, preferably when the patient was on treatment, but no longer than 4 weeks following cessation of that pre-requisite treatment. State in this authority application, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) the PASI score that followed each prior therapy trialled;

(iv) the date the PASI scores were determined

State a baseline PASI score to be referenced in any future authority applications that continue treatment. This PASI score may be any of: (i) a current PASI score, (ii) a PASI score present prior to, or, after a pre-requisite non-biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Whole body) - Change of treatment, or, recommencement of treatment after a break in biological medicine of less than 5 years

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug more than once during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Response to preceding supply:

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Change in therapy:

If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above

Recommencing therapy:

If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:

(i) an absence of an adequate response; or

(ii) an intolerance to that treatment; or

(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 3 treatment (Whole body, or, face/hand/foot) - Recommencement of treatment after a break in biological medicine of more than 5 years

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition for at least 5 years, if they have previously received PBS-subsidised treatment with a biological medicine for this condition and wish to commence a new treatment cycle, **AND**
- The condition must be affecting the whole body - all subsequent authority applications to this application will be made under treatment phases that feature the words 'whole body'; OR
- The condition must be limited to the face/hand/foot - all subsequent authority applications to this application will be made under treatment phases that feature the words 'face, hand, foot', **AND**
- Patient must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15; OR
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Balance of supply - Initial 1, 2 or 3 treatment (Whole body, or, face/hand/foot)

Treatment criteria:

- Must be treated by a dermatologist, **AND**
- Patient must be undergoing current PBS-subsidised treatment with this biological medicine, but has received insufficient therapy with this biological medicine to complete 3 doses available under any of the initial treatment phases (regardless of the affected body area): (i) Initial 1, (ii) Initial 2, (iii) Initial 3.

Clinical criteria:

- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- The treatment must provide no more than the balance of 3 doses available under any of the initial treatment phases.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 1 treatment (Face, hand, foot) - biological medicine-naive patient

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must be undergoing treatment for the first time with PBS-subsidised biological medicine for this PBS indication, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must have the plaque or plaques of the face, or palm of hand or sole of foot present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must have failed to achieve an adequate response to at least 2 of the following 3 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg or 10 mg per square metre weekly (whichever is lowest) for at least 6 weeks; (iii) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

Where treatment with any of the above-mentioned drugs was contraindicated according to the relevant TGA-approved Product Information, or where phototherapy was contraindicated, details must be provided at the time of application.

Where intolerance to phototherapy, methotrexate and/or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Details of the accepted toxicities including severity can be found on the Services Australia website.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

The following indicates failure to achieve an adequate response to prior phototherapy/methotrexate/acitretin therapy:

(a) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling being rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy; or

(b) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 1 month following cessation of the last pre-requisite therapy

State in this authority application, each of:

(i) the name of each prior therapy trialled that meets the above requirements - state at least 2;

(ii) the date of commencement and cessation of each prior therapy trialled, as well as the dosage (for drug therapies);

(iii) whether failure type (a) or (b) as described above occurred for each prior therapy trialled;

(iv) the dates that response assessments were determined

State in this authority application at least one of the following to act as a baseline measurement and be referenced in any future authority applications that continue treatment:

(v) for each of erythema, thickness and scaling, which of these are rated as severe or very severe (at least 2 must be rated as severe/very severe);

(vi) the percentage area of skin (combined area of face, hands and feet) affected by this condition (must be at least 30%) prior to treatment with biological medicine.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
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HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial 2 treatment (Face, hand, foot) - Change or recommencement of treatment after a break in biological medicine of less than 5 years

Treatment criteria:

- Must be treated by a dermatologist.

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug more than once during the current treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment 3 times for this condition within this treatment cycle, **AND**
- The treatment must be as systemic monotherapy; OR
- The treatment must be in combination with methotrexate, **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be under 18 years of age.

The authority application must be made in writing and must include:

(1) a completed authority prescription form; and

(2) a completed authority application form relevant to the indication and treatment phase (the latest version is located on the website specified in the Administrative Advice).

Response to preceding supply:

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

Change in therapy:

If the patient is changing therapy, in relation to the biological medicine that the patient is changing from, state whether the patient is changing therapy because:

(i) there is an absence of an adequate response to that treatment; or

(ii) there was an intolerance to that treatment; or

(iii) there was an adequate response, but a change in treatment has been made for reasons other than the 2 mentioned above

Recommencing therapy:

If the patient is recommencing therapy, in relation to the last administered dose, state whether there was:

(i) an absence of an adequate response; or

(ii) an intolerance to that treatment; or

(iii) an adequate response, but a break in therapy was necessary for reasons other than the 2 mentioned above.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
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ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

12669T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3943.23	41.30	Stelara [JC]

▪ USTEKINUMAB

Note TREATMENT OF ADULT PATIENTS WITH SEVERE CHRONIC PLAQUE PSORIASIS

The following information applies to the prescribing under the Pharmaceutical Benefits Scheme (PBS) of the biological medicines adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab for adult patients with severe chronic plaque psoriasis. Therefore, where the term 'biological medicines' appears in notes and restrictions, it refers to adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab only.

A patient is eligible for PBS-subsidised treatment with only 1 of the above biological medicines at any 1 time.

A patient who received PBS-subsidised adalimumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab, and ustekinumab treatment prior to 1 February 2019 is considered to start their first cycle as of 1 February 2019.

A patient receiving PBS-subsidised treatment for chronic plaque psoriasis is able to commence a 'treatment cycle', where they may trial biological medicines without having to experience a disease flare, when swapping to an alternate biological medicine. Under these arrangements, within a single cycle, a patient may receive long-term treatment with a biological medicine as long as they sustain a response to therapy.

Within the same treatment cycle, a patient cannot trial and fail, or cease to respond to, the same PBS-subsidised biological medicine more than once. Therefore, once a patient fails to meet the response criteria for a PBS-subsidised biological medicine, they must change to an alternate biological medicine if they wish to continue PBS-subsidised biological treatment.

Serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment, including serious infusion or injection related reactions, Steven's Johnson Syndrome, development of a demyelinating lesion, progressive multifocal leukoencephalopathy and malignancy related to treatment with the biological medicine, is not considered as a treatment failure.

A patient must be assessed for response to each course of treatment according to the criteria included in the relevant continuing treatment restriction.

Once a patient has either failed or ceased to sustain a response to treatment 3 times, they are deemed to have completed a treatment cycle and they must have, at a minimum, a 5-year break in PBS-subsidised biological medicine therapy before they are eligible to commence the next cycle.

The duration of the break in therapy will be measured from the date the last prescription for PBS-subsidised treatment was approved in the most recent cycle to the date of the first application for initial treatment with a biological medicine under the new cycle.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of more than 5 years may commence a new treatment cycle under Initial 3 treatment restriction.

A patient who has failed fewer than 3 biological medicines in a treatment cycle and who has a break in therapy of less than 5 years may commence a further course of treatment within the same treatment cycle under Initial 2 treatment restriction.

There is no limit to the number of treatment cycles a patient may undertake in their lifetime.

How to prescribe PBS-subsidised biological medicine treatment for severe chronic plaque psoriasis.

There are separate restrictions for both the initial and continuing treatment for psoriasis affecting the whole body, versus psoriasis affecting the face, hands and feet.

(1) Initial treatment.

An application for initial treatment should be made where:

(i) a patient has not received prior PBS-subsidised biological medicine treatment for this condition and wishes to commence such therapy (Initial 1 - New patient); or

(ii) a patient who has received prior PBS-subsidised biological medicine therapy for this condition (initial or continuing) and wishes to trial an alternate biological medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years) [further details are under (4) 'Swapping therapy' below]; or

(iii) a patient wishes to recommence treatment with a specific biological medicine following a break in PBS-subsidised therapy of less than 5 years with the same medicine (Initial 2 - Change or Recommencement of treatment after a break in biological medicine of less than 5 years).

(iv) a patient wishes to recommence treatment with a biological medicine following a break in PBS-subsidised therapy of more than 5 years (Initial 3 - Recommencement of treatment after a break in biological medicine of more than 5 years).

An application for initial treatment will be limited to provide for a maximum of 16 weeks of therapy for adalimumab, etanercept, ixekizumab, and secukinumab, 20 weeks of therapy for guselkumab, 22 weeks of therapy for infliximab and 28 weeks of therapy for risankizumab, tildrakizumab and ustekinumab.

It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of their course of initial treatment to ensure uninterrupted biological medicine supply.

(2) Assessment of response to initial treatment.

When prescribing initial treatment with a biological medicine, it is recommended that a PASI assessment is conducted after at least 12 weeks of treatment and no later than 4 weeks from the completion of this initial treatment course.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

(3) Continuing treatment.

Following the completion of an initial treatment course with a specific biological medicine, a patient may qualify to receive up to 24 weeks of continuing treatment with that drug providing they have demonstrated an adequate response to treatment.

The patient remains eligible to receive continuing biological medicine treatment with the same drug in courses of up to 24 weeks providing they continue to sustain the response. It is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.

A patient must be assessed for response to a course of continuing therapy, and the assessment must be submitted to

Services Australia where applicable. Where a response assessment is not submitted where applicable, the patient will be deemed to have failed to respond to treatment with that biological medicine, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
Infliximab, adalimumab and etanercept only:
For the first continuing treatment course of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy under the Initial 1 or Initial 2 treatment restrictions.
For second and subsequent continuing courses of PBS-subsidised biological medicine treatment, it is recommended that a patient is reviewed for response following a minimum of 12 weeks of therapy and no later than 4 weeks from the completion of the most recent course of treatment.
(4) Swapping therapy.
Once initial treatment with the first PBS-subsidised biological medicine is approved, a patient may swap to an alternate biological medicine without having to requalify with respect to the indices of disease severity (i.e. a PASI score of greater than 15), or the prior non-biological therapy requirements, except if the patient has had a break in therapy of more than 5 years who would need to requalify with respect to the indices of disease severity.
A patient who is not able to complete a minimum of 12 weeks of an initial treatment course will be deemed to have failed treatment with that biological medicine unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.
A patient may trial an alternate biological medicine at any time, regardless of whether they are receiving therapy (initial or continuing) with a biological medicine at the time of the application. However, they cannot swap to a particular biological medicine if they have failed to respond to prior treatment with that particular biological medicine within the same cycle or have experienced treatment failure with that particular biological medicine that required permanent treatment withdrawal.
To ensure a patient receives the maximum treatment opportunities allowed under these arrangements, it is important that they are assessed for response to every course of treatment.
(5) Baseline measurements to determine response.
A response to treatment is to be determined by comparison of current disease activity measurements relative to the baseline PASI assessment submitted with the first authority application for a biological medicine. However, prescribers may provide new baseline PASI assessments any time that an initial or change or recommencement treatment application is submitted within a treatment cycle and this revised baseline PASI score will be used to assess the patient's response to the PBS-subsidised treatment.
To ensure consistency in determining response, the same body area assessed at the baseline PASI assessment must be assessed for demonstration of response to treatment for the purposes of all continuing treatments.
(6) Recommencement of treatment after a 5-year break in PBS-subsidised therapy.
A patient who wishes to trial a second or subsequent treatment cycle following a break in PBS-subsidised biological therapy of at least 5 years, must qualify under Initial 3 treatment according to the criteria of the relevant restriction and index of disease severity. A PASI assessment must be conducted prior to application and patient must have a PASI score of greater than 15 for whole body. For the face, hand, foot at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or the skin area affected is 30% or more of the face, palm of a hand or sole of a foot. The PASI assessment must be no older than 4 weeks at the time of application.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis where lesions have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) A current Psoriasis Area and Severity Index (PASI) score of greater than 15, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment.

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Whole body (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as:

A Psoriasis Area and Severity Index (PASI) score which is reduced by 75% or more, or is sustained at this level, when compared with the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Whole body (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must have a current Psoriasis Area and Severity Index (PASI) score of greater than 15, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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Or mailed to:
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HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Face, hand, foot (new patient)

Clinical criteria:

- Patient must have severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis, **AND**
- Patient must not have received PBS-subsidised treatment with a biological medicine for this condition, **AND**
- Patient must have failed to achieve an adequate response, as demonstrated by a Psoriasis Area and Severity Index (PASI) assessment, to at least 2 of the following 5 treatments: (i) phototherapy (UVB or PUVA) for 3 treatments per week for at least 6 weeks; (ii) methotrexate at a dose of at least 10 mg weekly for at least 6 weeks; (iii) ciclosporin at a dose of at least 2 mg per kg per day for at least 6 weeks; (iv) acitretin at a dose of at least 0.4 mg per kg per day for at least 6 weeks; (v) apremilast at a dose of 30 mg twice a day for at least 6 weeks, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

Where treatment with methotrexate, ciclosporin, apremilast or acitretin is contraindicated according to the relevant TGA-approved Product Information, or where phototherapy is contraindicated, details must be provided at the time of application.

Where intolerance to treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin developed during the relevant period of use, which was of a severity to necessitate permanent treatment withdrawal, details of the degree of this toxicity must be provided at the time of application.

Regardless of if a patient has a contraindication to treatment with either methotrexate, ciclosporin, apremilast, acitretin or phototherapy, the patient is still required to trial 2 of these prior therapies until a failure to achieve an adequate response is met.

The following criterion indicates failure to achieve an adequate response to prior treatment and must be demonstrated in the patient at the time of the application:

(a) Chronic plaque psoriasis classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where:

(i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment; or

(ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed, preferably whilst still on treatment, but no longer than 4 weeks following cessation of the most recent prior treatment;

(b) A PASI assessment must be completed for each prior treatment course, preferably whilst still on treatment, but no longer than 4 weeks following cessation of each course of treatment.

(c) The most recent PASI assessment must be no more than 4 weeks old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current and previous Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of previous phototherapy and systemic drug therapy [dosage (where applicable), date of commencement and duration of therapy].

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Details of the toxicities, including severity, which will be accepted as a reason for exempting a patient from the requirement for 6 weeks treatment with phototherapy, methotrexate, ciclosporin, apremilast or acitretin can be found on the Services Australia website (www.servicesaustralia.gov.au).

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:

Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 2, Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years)

Clinical criteria:

- Patient must have received prior PBS-subsidised treatment with a biological medicine for this condition in this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with 3 biological medicines for this condition within this treatment cycle, **AND**
- Patient must not have already failed, or ceased to respond to, PBS-subsidised treatment with this drug for this condition during the current treatment cycle, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

An adequate response to treatment is defined as the plaque or plaques assessed prior to biological treatment showing:

(i) a reduction in the Psoriasis Area and Severity Index (PASI) symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the baseline values; or

(ii) a reduction by 75% or more in the skin area affected, or sustained at this level, as compared to the baseline value for this treatment cycle.

An application for a patient who has received PBS-subsidised treatment with this drug and who wishes to re-commence therapy with this drug, must be accompanied by evidence of a response to the patient's most recent course of PBS-subsidised treatment with this drug, within the timeframes specified below.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the following:

(i) the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition; and

(ii) details of prior biological treatment, including dosage, date and duration of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

A patient may re-trial this drug after a minimum of 5 years have elapsed between the date the last prescription for a PBS-subsidised biological medicine was approved in this cycle and the date of the first application under a new cycle under the Initial 3 treatment restriction.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 3, Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years)

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with a biological medicine for this condition, **AND**

- Patient must have a break in treatment of 5 years or more from the most recently approved PBS-subsidised biological medicine for this condition, **AND**
- The condition must be classified as severe due to a plaque or plaques on the face, palm of a hand or sole of a foot where: (i) at least 2 of the 3 Psoriasis Area and Severity Index (PASI) symptom subscores for erythema, thickness and scaling are rated as severe or very severe; or (ii) the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- Patient must not receive more than 28 weeks of treatment under this restriction.

Population criteria:

- Patient must be aged 18 years or older.

Treatment criteria:

- Must be treated by a dermatologist.

The most recent PASI assessment must be no more than 4 weeks old at the time of application.

At the time of the authority application, medical practitioners should request the appropriate number of vials, based on the weight of the patient, to provide sufficient for a single injection. Up to a maximum of 2 repeats will be authorised.

The authority application must be made in writing and must include:

(a) a completed authority prescription form(s); and

(b) a completed Severe Chronic Plaque Psoriasis PBS Authority Application - Supporting Information Form which includes the completed current Psoriasis Area and Severity Index (PASI) calculation sheets and face, hand, foot area diagrams including the dates of assessment of the patient's condition.

To demonstrate a response to treatment the application must be accompanied with the assessment of response, conducted following a minimum of 12 weeks of therapy and no later than 4 weeks from cessation of the most recent course of biological medicine. It is recommended that an application for the continuing treatment be submitted no later than 4 weeks from the date of completion of the most recent course of treatment. This is to ensure treatment continuity for those who meet the continuing restriction.

The PASI assessment for continuing treatment must be performed on the same affected area as assessed at baseline.

Where a response assessment is not conducted within the required timeframe, the patient will be deemed to have failed to respond to treatment with this drug, unless the patient has experienced a serious adverse reaction of a severity resulting in the necessity for permanent withdrawal of treatment.

If a patient fails to demonstrate a response to treatment with this drug under this restriction they will not be eligible to receive further PBS-subsidised treatment with this drug for this condition within this treatment cycle.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Severe chronic plaque psoriasis

Treatment Phase: Initial treatment - Initial 1, Whole body or Face, hand, foot (new patient) or Initial 2, Whole body or Face, hand, foot (change or re-commencement of treatment after a break in biological medicine of less than 5 years) or Initial 3, Whole body or Face, hand, foot (re-commencement of treatment after a break in biological medicine of more than 5 years) - balance of supply

Clinical criteria:

- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Whole body (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Whole body (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Whole body (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 1, Face, hand, foot (new patient) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 2, Face, hand, foot (change or recommencement of treatment after a break in biological medicine of less than 5 years) restriction to complete 28 weeks treatment; OR
- Patient must have received insufficient therapy with this drug for this condition under the Initial 3, Face, hand, foot (recommencement of treatment after a break in biological medicine of more than 5 years) restriction to complete 28 weeks treatment, **AND**
- The treatment must be as systemic monotherapy (other than methotrexate), **AND**
- The treatment must provide no more than the balance of up to 28 weeks treatment available under the above restriction.

Treatment criteria:

- Must be treated by a dermatologist.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ustekinumab 45 mg/0.5 mL injection, 0.5 mL vial

9304Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	3943.23	41.30	Stelara [JC]

Calcineurin inhibitors

▪ CICLOSPORIN

Caution Careful monitoring of patients is mandatory.

ciclosporin 10 mg capsule, 60

8657P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*92.08	41.30	Neoral 10 [NV]

ciclosporin 50 mg capsule, 30

8659R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*158.44	41.30	[a] APO-Ciclosporin [TX] [a] Neoral 50 [NV]	[a] Cyclosporin Sandoz [SZ]

ciclosporin 100 mg capsule, 30

8660T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*315.50	41.30	[a] APO-Ciclosporin [TX] [a] Neoral 100 [NV]	[a] Cyclosporin Sandoz [SZ]

ciclosporin 25 mg capsule, 30

8658Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	3	..	*81.36	41.30	[a] APO-Ciclosporin [TX] [a] Neoral 25 [NV]	[a] Cyclosporin Sandoz [SZ]

ciclosporin 100 mg/mL oral liquid, 50 mL

8661W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*720.12	41.30	Neoral [NV]

▪ TACROLIMUS

Caution Careful monitoring of patients is mandatory.

tacrolimus 500 microgram modified release capsule, 30

5299X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	52.42	41.30	ADVAGRAF XL [LQ]

tacrolimus 2 mg capsule, 100

10871E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	571.56	41.30	Tacrolimus Sandoz [SZ]

tacrolimus 1 mg modified release capsule, 60

5300Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	155.70	41.30	ADVAGRAF XL [LQ]

tacrolimus 750 microgram capsule, 100

10870D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	218.76	41.30	Tacrolimus Sandoz [SZ]

tacrolimus 1 mg capsule, 100

8647D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	254.78	41.30	[a] Pacrolim [AF] [a] Prograf [LL] [a] TACROLIMUS APOTEX [TX]	[a] Pharmacor Tacrolimus 1 [CR] [a] Tacrograf [RW] [a] Tacrolimus Sandoz [SZ]

tacrolimus 5 mg capsule, 50

8648E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	626.00	41.30	[a] Pacrolim [AF] [a] Prograf [LL] [a] TACROLIMUS APOTEX [TX]	[a] Pharmacor Tacrolimus 5 [CR] [a] Tacrograf [RW] [a] Tacrolimus Sandoz [SZ]

tacrolimus 500 microgram capsule, 100

8646C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	130.93	41.30	[a] Pacrolim [AF] [a] Prograf [LL]	[a] Pharmacor Tacrolimus 0.5 [CR] [a] Tacrograf [RW]

						[a] TACROLIMUS APOTEX [TX]	[a] Tacrolimus Sandoz [SZ]

tacrolimus 5 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5451X	1	3	..	430.69	41.30	ADVAGRAF XL [LQ]

tacrolimus 3 mg modified release capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11914C	1	2	..	378.62	41.30	ADVAGRAF XL [LQ]

Other immunosuppressants

▪ AZATHIOPRINE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

azathioprine 50 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2687K NP	1	5	..	32.79	34.09	[a] APO-Azathioprine [TX] [a] Azathioprine GH [GQ] [a] Imazan [ZS] [a] NOUMED AZATHIOPRINE [VO]	[a] Azapin [RW] [a] Azathioprine Sandoz [SZ] [a] Imuran [AS] [a] Thioprine 50 [AF]

azathioprine 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2688L NP	1	5	..	24.24	25.54	[a] APO-Azathioprine [TX] [a] Azathioprine Sandoz [SZ] [a] NOUMED AZATHIOPRINE [VO]	[a] Azathioprine GH [GQ] [a] Imuran [AS]

▪ DIMETHYL FUMARATE

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10139

Multiple sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR
- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must not show continuing progression of disability while on treatment with this drug.

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

dimethyl fumarate 240 mg enteric capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2966D	1	5	..	1291.80	41.30	Tecfidera [BD]

dimethyl fumarate 120 mg enteric capsule, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2943X	2	..	..	*649.96	41.30	Tecfidera [BD]

▪ DIMETHYL FUMARATE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

10140

Multiple sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by magnetic resonance imaging of the brain and/or spinal cord; OR

- The condition must be diagnosed as clinically definite relapsing-remitting multiple sclerosis by accompanying written certification provided by a radiologist that a magnetic resonance imaging scan is contraindicated because of the risk of physical (not psychological) injury to the patient, **AND**
- The treatment must be the sole PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must have experienced at least 2 documented attacks of neurological dysfunction, believed to be due to multiple sclerosis, in the preceding 2 years of commencing a PBS-subsidised disease modifying therapy for this condition, **AND**
- Patient must be ambulatory (without assistance or support).

Where applicable, the date of the magnetic resonance imaging scan must be recorded in the patient's medical records.

dimethyl fumarate 120 mg enteric capsule, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2896K	2	..	..	*649.96	41.30	Tecfidera [BD]

▪ METHOTREXATE

methotrexate 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1622J	1	5	..	17.91	19.21	Methoblastin [PF]

methotrexate 10 mg tablet, 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2272N	1	3	..	24.18	25.48	Methoblastin [PF]

▪ METHOTREXATE

Restricted benefit

Patients requiring doses greater than 20 mg per week

methotrexate 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1623K	1	2	..	52.40	41.30	Methoblastin [PF]

▪ METHOTREXATE

Note Pharmaceutical benefits that have the form methotrexate Injection 15 mg/0.3 mL pre-filled syringe and pharmaceutical benefits that have the form methotrexate Injection 15 mg/0.6 mL pre-filled syringe are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

7488

Severe active rheumatoid arthritis

Clinical criteria:

- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

Authority required (STREAMLINED)

7518

Severe psoriasis

Clinical criteria:

- The condition must not have adequately responded to topical treatment, **AND**
- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

methotrexate 15 mg/0.3 mL injection, 0.3 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11268C	4	5	..	*89.50	41.30	[a] Trexject [LM]

methotrexate 15 mg/0.6 mL injection, 4 x 0.6 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11508Q	1	5	..	89.49	41.30	[a] Methoblastin PFS [PF]

▪ METHOTREXATE

Note Pharmaceutical benefits that have the form methotrexate Injection 7.5 mg/0.15 mL pre-filled syringe and pharmaceutical benefits that have the form methotrexate Injection 7.5 mg/0.3 mL pre-filled syringe are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

7488

Severe active rheumatoid arthritis

Clinical criteria:

- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

Authority required (STREAMLINED)

7518

Severe psoriasis

Clinical criteria:

- The condition must not have adequately responded to topical treatment, **AND**
- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

methotrexate 7.5 mg/0.3 mL injection, 4 x 0.3 mL syringes

11525N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	89.49	41.30	[a] Methoblastin PFS [PF]

methotrexate 7.5 mg/0.15 mL injection, 0.15 mL syringe

11275K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*89.50	41.30	[a] Trexject [LM]

▪ METHOTREXATE

Note Pharmaceutical benefits that have the form methotrexate Injection 10 mg/0.2 mL pre-filled syringe and pharmaceutical benefits that have the form methotrexate Injection 10 mg/0.4 mL pre-filled syringe are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

7488

Severe active rheumatoid arthritis

Clinical criteria:

- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

Authority required (STREAMLINED)

7518

Severe psoriasis

Clinical criteria:

- The condition must not have adequately responded to topical treatment, **AND**
- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

methotrexate 10 mg/0.2 mL injection, 0.2 mL syringe

11283W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*89.50	41.30	[a] Trexject [LM]

methotrexate 10 mg/0.4 mL injection, 4 x 0.4 mL syringes

11526P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	89.49	41.30	[a] Methoblastin PFS [PF]

▪ METHOTREXATE

Note Pharmaceutical benefits that have the form methotrexate Injection 20 mg/0.4 mL pre-filled syringe and pharmaceutical benefits that have the form methotrexate Injection 20 mg/0.8 mL pre-filled syringe are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

7488

Severe active rheumatoid arthritis

Clinical criteria:

- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

Authority required (STREAMLINED)

7518

Severe psoriasis

Clinical criteria:

- The condition must not have adequately responded to topical treatment, **AND**
- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

methotrexate 20 mg/0.4 mL injection, 0.4 mL syringe

11288D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*89.50	41.30	[a] Trexject [LM]

methotrexate 20 mg/0.8 mL injection, 4 x 0.8 mL syringes

11509R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	89.49	41.30	[a] Methoblastin PFS [PF]

▪ METHOTREXATE

Note Pharmaceutical benefits that have the form methotrexate Injection 25 mg/0.5 mL pre-filled syringe and pharmaceutical benefits that have the form methotrexate Injection 25 mg/mL pre-filled syringe are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

7488

Severe active rheumatoid arthritis

Clinical criteria:

- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

Authority required (STREAMLINED)

7518

Severe psoriasis

Clinical criteria:

- The condition must not have adequately responded to topical treatment, **AND**
- Patient must be unsuitable for administration of an oral form of methotrexate for this condition.

methotrexate 25 mg/0.5 mL injection, 0.5 mL syringe

11295L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*89.50	41.30	[a] Trexject [LM]

methotrexate 25 mg/mL injection, 4 x 1 mL syringes

11544N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	89.49	41.30	[a] Methoblastin PFS [PF]

▪ PIRFENIDONE

Note Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Idiopathic pulmonary fibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition.

Treatment criteria:

- Must be treated by a respiratory physician or specialist physician, or in consultation with a respiratory physician or specialist physician.

pirfenidone 801 mg tablet, 90

11410M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3076.22	41.30	Esbriet [RO]

▪ PIRFENIDONE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Idiopathic pulmonary fibrosis

Treatment Phase: Initial treatment 1 - new patient

Clinical criteria:

- The condition must be diagnosed through a multidisciplinary team, **AND**
- Patient must have chest high resolution computed tomography (HRCT) consistent with diagnosis of idiopathic pulmonary fibrosis within the previous 12 months, **AND**
- Patient must have a forced vital capacity (FVC) greater than or equal to 50% predicted for age, gender and height, **AND**
- Patient must have a forced expiratory volume in 1 second to forced vital capacity ratio (FEV1/FVC) greater than 0.7, **AND**
- Patient must have diffusing capacity of the lungs for carbon monoxide (DLCO) corrected for haemoglobin equal to or greater than 30%, **AND**
- Patient must not have interstitial lung disease due to other known causes including domestic and occupational environmental exposures, connective tissue disease, or drug toxicity, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition.

Treatment criteria:

- Must be treated by a respiratory physician or specialist physician, or in consultation with a respiratory physician or specialist physician.

A multidisciplinary team is defined as comprising of at least a specialist respiratory physician, a radiologist and where histological material is considered, a pathologist. If attendance is not possible because of geographical isolation, consultation with a multidisciplinary team is required for diagnosis.

Patient must not have an acute respiratory infection at the time of FVC testing.

Application for authorisation of initial treatment must be in writing and must include:

a) a completed authority prescription form; and

b) a completed IPF Authority Application Supporting Information Form; and

c) a signed patient acknowledgement.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available

on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Idiopathic pulmonary fibrosis

Treatment Phase: Initial treatment 2 - change or re-commencement of treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with nintedanib or pirfenidone for this condition, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition.

Treatment criteria:

- Must be treated by a respiratory physician or specialist physician, or in consultation with a respiratory physician or specialist physician.

Note Applications for authorisation under this criterion may be made by telephone by contacting the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Idiopathic pulmonary fibrosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be the sole PBS subsidised treatment for this condition.

Treatment criteria:

- Must be treated by a respiratory physician or specialist physician, or in consultation with a respiratory physician or specialist physician.

Note Authority applications for continuing treatment may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

pirfenidone 267 mg tablet, 90

11406H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*3076.24	41.30	Esbriet [RO]

pirfenidone 267 mg capsule, 270

11136D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	3076.22	41.30	Esbriet [RO]

MUSCULO-SKELETAL SYSTEM

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROIDS

Acetic acid derivatives and related substances

DICLOFENAC

diclofenac sodium 50 mg enteric tablet, 50

1300K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	14.40	15.70	[a] APO-Diclofenac [TX] [a] Diclofenac AN [EA] [a] Fenac [AF]	[a] Clonac 50 [RW] [a] Diclofenac Sandoz [SZ]
		[B]3.21	17.61	15.70	[a] Voltaren 50 [NV]	

diclofenac sodium 50 mg enteric tablet, 50

5077F (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	14.40	15.70	[a] APO-Diclofenac [TX] [a] Diclofenac AN [EA] [a] Fenac [AF]	[a] Clonac 50 [RW] [a] Diclofenac Sandoz [SZ]
		[B]3.21	17.61	15.70	[a] Voltaren 50 [NV]	

diclofenac sodium 100 mg suppository, 20

1302M (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*28.50	29.80	Voltaren 100 [NV]

diclofenac sodium 100 mg suppository, 20

5079H (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*28.50	29.80	Voltaren 100 [NV]

diclofenac sodium 25 mg enteric tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1299J NP	2	3	..	*15.24	16.54	[a] APO-Diclofenac [TX] [a] Diclofenac AN [EA] [a] Fenac 25 [AF]	[a] Clonac 25 [RW] [a] Diclofenac Sandoz [SZ]
			[B]3.22	*18.46	16.54	[a] Voltaren 25 [NV]	

diclofenac sodium 25 mg enteric tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5076E DP	2	..	..	*15.24	16.54	[a] APO-Diclofenac [TX] [a] Diclofenac AN [EA] [a] Fenac 25 [AF]	[a] Clonac 25 [RW] [a] Diclofenac Sandoz [SZ]
			[B]3.22	*18.46	16.54	[a] Voltaren 25 [NV]	

▪ INDOMETACIN

indometacin 100 mg suppository, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2757D NP	2	3	..	*26.06	27.36	Indocid [AS]

indometacin 100 mg suppository, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5128X DP	2	..	..	*26.06	27.36	Indocid [AS]

▪ INDOMETACIN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

indometacin 25 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2454E NP	2	3	..	*17.70	19.00	[a] Arthrexin [AF]
			[B]4.02	*21.72	19.00	[a] Indocid [AS]

▪ INDOMETACIN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

indometacin 25 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5126T DP	2	..	..	*17.70	19.00	[a] Arthrexin [AF]
			[B]4.02	*21.72	19.00	[a] Indocid [AS]

Oxicams

▪ MELOXICAM

Note Pharmaceutical benefits that have the form meloxicam tablet 7.5 mg and pharmaceutical benefits that have the form meloxicam capsule 7.5 mg are equivalent for the purposes of substitution.

Note The use of this drug for the treatment of the following conditions is not subsidised through the PBS:
(a) acute pain;
(b) soft tissue injury;
(c) arthrosis without an inflammatory component.

Restricted benefit

Osteoarthritis

Clinical criteria:

- The treatment must be for symptomatic treatment.

Restricted benefit

Rheumatoid arthritis

Clinical criteria:

- The treatment must be for symptomatic treatment.

meloxicam 7.5 mg capsule, 30

8887R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	..	15.09	16.39	[a] APO-Meloxicam [TX] [a] MELOBIC [RF] [a] Movalis 7.5 [RW] [a] Terry White Chemists Meloxicam [TW]	[a] Chem mart Meloxicam [CH] [a] Meloxicam Sandoz [SZ] [a] Moxicam [AF]
			[B]2.79	17.88	16.39	[a] Mobic [BY]	

meloxicam 7.5 mg tablet, 30

8561N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	..	15.09	16.39	[a] APO-Meloxicam [TX] [a] CIPLA MELOXICAM 7.5 [LR] [a] Meloxibell [GQ] [a] Movalis 7.5 [RW] [a] Pharmacor Meloxicam 7.5 [CR]	[a] APX-Meloxicam [TY] [a] MELOBIC [RF] [a] Meloxicam Sandoz [SZ] [a] Moxicam 7.5 [AF]
			[B]2.79	17.88	16.39	[a] Mobic [BY]	

▪ MELOXICAM

Note Pharmaceutical benefits that have the form meloxicam tablet 15 mg and pharmaceutical benefits that have the form meloxicam capsule 15 mg are equivalent for the purposes of substitution.

Note The use of this drug for the treatment of the following conditions is not subsidised through the PBS:
(a) acute pain;
(b) soft tissue injury;
(c) arthrosis without an inflammatory component.

Restricted benefit

Osteoarthritis

Clinical criteria:

- The treatment must be for symptomatic treatment.

Restricted benefit

Rheumatoid arthritis

Clinical criteria:

- The treatment must be for symptomatic treatment.

meloxicam 15 mg capsule, 30

8888T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	..	16.29	17.59	[a] APO-Meloxicam [TX] [a] MELOBIC [RF] [a] Movalis 15 [RW] [a] Terry White Chemists Meloxicam [TW]	[a] Chem mart Meloxicam [CH] [a] Meloxicam Sandoz [SZ] [a] Moxicam [AF]
			[B]2.88	19.17	17.59	[a] Mobic [BY]	

meloxicam 15 mg tablet, 30

8562P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	..	16.29	17.59	[a] APO-Meloxicam [TX] [a] CIPLA MELOXICAM 15 [LR] [a] Meloxibell [GQ] [a] Movalis 15 [RW] [a] Pharmacor Meloxicam 15 [CR]	[a] APX-Meloxicam [TY] [a] MELOBIC [RF] [a] Meloxicam Sandoz [SZ] [a] Moxicam 15 [AF]
			[B]2.88	19.17	17.59	[a] Mobic [BY]	

▪ PIROXICAM

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

piroxicam 10 mg capsule, 50

1897W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	..	17.17	18.47	[a] APO-Piroxicam [TX] [a] Mobilis 10 [AF]	[a] Feldene [PF]

piroxicam 10 mg capsule, 50

5203W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
DP	1	..	..	17.17	18.47	[a] APO-Piroxicam [TX] [a] Mobilis 10 [AF]	[a] Feldene [PF]

piroxicam 20 mg capsule, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1898X NP	1	3	..	16.94	18.24	[a] APO-Piroxicam [TX]	[a] Mobilis 20 [AF]
			[B]7.92	24.86	18.24	[a] Feldene [PF]	

piroxicam 20 mg capsule, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5204X DP	1	..	..	16.94	18.24	[a] APO-Piroxicam [TX]	[a] Mobilis 20 [AF]
			[B]7.92	24.86	18.24	[a] Feldene [PF]	

piroxicam 10 mg dispersible tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1895R NP	1	3	..	17.17	18.47	Mobilis D-10 [AF]

piroxicam 10 mg dispersible tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5201R DP	1	..	..	17.17	18.47	Mobilis D-10 [AF]

piroxicam 20 mg dispersible tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1896T NP	1	3	..	16.94	18.24	[a] Mobilis D-20 [AF]
			[B]7.92	24.86	18.24	[a] Feldene-D [PF]

piroxicam 20 mg dispersible tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5202T DP	1	..	..	16.94	18.24	[a] Mobilis D-20 [AF]
			[B]7.92	24.86	18.24	[a] Feldene-D [PF]

Propionic acid derivatives

▪ IBUPROFEN

ibuprofen 400 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3192B NP MW	1	..	..	13.72	15.02	[a] APO-Ibuprofen 400 [TX]
			[B]2.49	16.21	15.02	[a] Brufen [GO]

ibuprofen 400 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5124Q DP	1	..	..	13.72	15.02	[a] APO-Ibuprofen 400 [TX]
			[B]2.49	16.21	15.02	[a] Brufen [GO]

▪ IBUPROFEN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

ibuprofen 400 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3190X NP	3	3	..	*16.99	18.29	[a] APO-Ibuprofen 400 [TX]
			[B]7.47	*24.46	18.29	[a] Brufen [GO]

▪ IBUPROFEN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

ibuprofen 400 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5123P DP	3	..	..	*16.99	18.29	[a] APO-Ibuprofen 400 [TX]
			[B]7.47	*24.46	18.29	[a] Brufen [GO]

▪ KETOPROFEN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

ketoprofen 200 mg modified release capsule, 28

1590Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	23.11	24.41	[a] Oruvail SR [AV]
		[B]1.92	25.03	24.41	[a] Orudis SR 200 [SW]

ketoprofen 200 mg modified release capsule, 28

5136H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.11	24.41	[a] Oruvail SR [AV]
		[B]1.92	25.03	24.41	[a] Orudis SR 200 [SW]

▪ NAPROXEN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

naproxen 750 mg modified release tablet, 28

1614Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	17.07	18.37	[a] Proxen SR 750 [IY]
		[B]0.99	18.06	18.37	[a] Naprosyn SR750 [IX]

naproxen 250 mg tablet, 50

1674D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*21.58	22.88	Naprosyn [IX]

naproxen 1 g modified release tablet, 28

1615B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	18.64	19.94	[a] Proxen SR 1000 [IY]
		[B]1.12	19.76	19.94	[a] Naprosyn SR1000 [IX]

▪ NAPROXEN

Authority required (STREAMLINED)

4159

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component, **AND**
- Patient must be unable to take a solid dose form of a non-steroidal anti-inflammatory agent.

Authority required (STREAMLINED)

4124

Bone pain

Clinical criteria:

- The condition must be due to malignant disease, **AND**
- Patient must be unable to take a solid dose form of a non-steroidal anti-inflammatory agent.

naproxen 125 mg/5 mL oral liquid, 474 mL

1658G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	122.77	41.30	Phebra Naproxen Suspension [FF]

▪ NAPROXEN

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

naproxen 750 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5178M DP	1	..	..	17.07	18.37	[a] Proxen SR 750 [IY]
			[B]0.99	18.06	18.37	[a] Naprosyn SR750 [IX]

naproxen 250 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5176K DP	2	..	..	*21.58	22.88	Naprosyn [IX]

naproxen 1 g modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5179N DP	1	..	..	18.64	19.94	[a] Proxen SR 1000 [IY]
			[B]1.12	19.76	19.94	[a] Naprosyn SR1000 [IX]

▪ NAPROXEN

Note Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

naproxen sodium 550 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1795L NP	1	3	..	17.62	18.92	[a] Crysanal [IY]
			[B]1.87	19.49	18.92	[a] Anaprox 550 [IX]

▪ NAPROXEN

Note Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.

Restricted benefit

Chronic arthropathies (including osteoarthritis)

Clinical criteria:

- The condition must have an inflammatory component.

Restricted benefit

Bone pain

Clinical criteria:

- The condition must be due to malignant disease.

naproxen sodium 550 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5186Y DP	1	..	..	17.62	18.92	[a] Crysanal [IY]
			[B]1.87	19.49	18.92	[a] Anaprox 550 [IX]

Fenamates

▪ MEFENAMIC ACID

Restricted benefit

Dysmenorrhoea

Restricted benefit

Menorrhagia

mefenamic acid 250 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1824B NP	1	2	..	20.38	21.68	Ponstan [PF]

Coxibs

▪ CELECOXIB

Note The use of this drug for the treatment of the following conditions is not subsidised through the PBS:
(a) acute pain;
(b) soft tissue injury;
(c) arthrosis without an inflammatory component.

Restricted benefit

Osteoarthritis

Clinical criteria:

- The treatment must be for symptomatic treatment.

Restricted benefit

Rheumatoid arthritis

Clinical criteria:

- The treatment must be for symptomatic treatment.

celecoxib 200 mg capsule, 30

8440F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	17.09	18.39	[a] APO-Celecoxib [TX]	[a] APX-Celecoxib [TW]
					[a] Blooms the Chemist Celecoxib [IB]	[a] Celaxib [AF]
					[a] Celebrex [UJ]	[a] Celecoxib APOTEX [TY]
					[a] Celecoxib BTC [JB]	[a] Celecoxib GH [GQ]
					[a] Celecoxib Sandoz [SZ]	[a] Celexi [RW]
					[a] GenRx Celecoxib [GX]	

celecoxib 100 mg capsule, 60

8439E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	17.09	18.39	[a] APO-Celecoxib [TX]	[a] APX-Celecoxib [TW]
					[a] Blooms the Chemist Celecoxib [IB]	[a] Celaxib [AF]
					[a] Celebrex [UJ]	[a] Celecoxib APOTEX [TY]
					[a] Celecoxib BTC [JB]	[a] Celecoxib GH [GQ]
					[a] Celecoxib Sandoz [SZ]	[a] Celexi [RW]
					[a] GenRx Celecoxib [GX]	

SPECIFIC ANTIRHEUMATIC AGENTS

Quinolines

▪ HYDROXYCHLOROQUINE

Authority required (STREAMLINED)

10417

Autoimmune disorder

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be authorised by a medical practitioner who is recognised under State or Territory legislation that forms part of the Health Practitioner Regulation National Law, as a specialist in dermatology, intensive care medicine, paediatrics and child health, physician, or emergency medicine, **AND**
- Patient must have an autoimmune disorder.

Authority required (STREAMLINED)

10418

Malaria

Treatment Phase: Initial treatment

Clinical criteria:

- The treatment must be authorised by a medical practitioner who is recognised under State or Territory legislation that forms part of the Health Practitioner Regulation National Law, as a specialist in dermatology, intensive care medicine, paediatrics and child health, physician, or emergency medicine, **AND**
- Patient must require treatment of acute attack; OR
- Patient must require suppressive therapy.

hydroxychloroquine sulfate 200 mg tablet, 100

12003R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	26.14	27.44	[a] APO- Hydroxychloroquine [TX]	[a] Hequinel [RW]
					[a] Hydroxychloroquine GH [GQ]	[a] Plaquenil [SW]

▪ HYDROXYCHLOROQUINE

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

10419

Autoimmune disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been treated with PBS-subsidised therapy with this drug for this condition.

Authority required (STREAMLINED)

10420

Malaria

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been treated with PBS-subsidised therapy with this drug for this condition.

hydroxychloroquine sulfate 200 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1512N NP	1	1	..	26.14	27.44	[a] APO- Hydroxychloroquine [TX] [a] Hydroxychloroquine GH [GQ]	[a] Hequinel [RW] [a] Plaquenil [SW]

Gold preparations

▪ AURANOFIN

Caution Regular blood and urine checks are essential.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

auranofin 3 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1095P NP	1	5	..	209.36	41.30	Ridaura [GH]

auranofin 3 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2022K NP	1	5	..	903.93	41.30	Ridaura [BZ]

Penicillamine and similar agents

▪ PENICILLAMINE

Caution Regular blood and urine checks are essential.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

penicillamine 125 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2721F NP	1	1	..	63.03	41.30	D-Penamine [AL]

penicillamine 250 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2838J NP	1	1	..	76.09	41.30	D-Penamine [AL]

▪ MUSCLE RELAXANTS

MUSCLE RELAXANTS, CENTRALLY ACTING AGENTS

Other centrally acting agents

▪ BACLOFEN

baclofen 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2729P NP	1	5	..	22.06	23.36	[a] APO-Baclofen [TX] [a] Lioresal 10 [NV]	[a] Clofen 10 [AF] [a] Stelax 10 [RW]

baclofen 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2730Q NP	1	5	..	33.89	35.19	[a] APO-Baclofen [TX] [a] Lioresal 25 [NV]	[a] Clofen 25 [AF] [a] Stelax 25 [RW]

MUSCLE RELAXANTS, DIRECTLY ACTING AGENTS

Dantrolene and derivatives

▪ DANTROLENE

Restricted benefit
Chronic spasticity

dantrolene sodium hemiheptahydrate 50 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1780Q NP	1	2	..	77.19	41.30	Dantrium [PF]

dantrolene sodium hemiheptahydrate 25 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1779P NP	1	2	..	122.79	41.30	Dantrium [PF]

ANTIGOUT PREPARATIONS

ANTIGOUT PREPARATIONS

Preparations inhibiting uric acid production

ALLOPURINOL

Note The dose should be adjusted in accordance with renal function.

allopurinol 300 mg tablet, 60

2604C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	15.76	17.06	[a] Allopurinol APOTEX [GX] [a] Allosig [RF] [a] Progout 300 [AF]	[a] Allopurinol Sandoz [SZ] [a] NOUMED ALLOPURINOL [VO]
		[B]3.82	19.58	17.06	[a] Zyloprim [RW]	

allopurinol 100 mg tablet, 200

2600W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	17.01	18.31	[a] Allopurinol APOTEX [GX] [a] Allosig [RF] [a] Progout 100 [AF]	[a] Allopurinol Sandoz [SZ] [a] NOUMED ALLOPURINOL [VO]
		[B]3.90	20.91	18.31	[a] Zyloprim [RW]	

FEBUXOSTAT

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

8921

Chronic gout

Clinical criteria:

- The condition must be either chronic gouty arthritis or chronic tophaceous gout, **AND**
- Patient must have a medical contraindication to allopurinol; OR
- Patient must have a documented history of allopurinol hypersensitivity syndrome; OR
- Patient must have an intolerance to allopurinol necessitating permanent treatment discontinuation.

febuxostat 80 mg tablet, 28

10445R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	49.94	41.30	Adenuric [FK]

Preparations increasing uric acid excretion

PROBENECID

probenecid 500 mg tablet, 100

1940D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	63.23	41.30	Pro-Cid [FF]

Preparations with no effect on uric acid metabolism

COLCHICINE

colchicine 500 microgram tablet, 30

3410L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.27	16.57	[a] Colcine [CR]	[a] Lengout [LN]
		[B]2.02	17.29	16.57	[a] Colgout [AS]	

DRUGS FOR TREATMENT OF BONE DISEASES

DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION

Bisphosphonates

ALENDRONATE

Restricted benefit

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

alendronate 70 mg tablet, 4

8511Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.13	17.43	[a] Alendronate Sandoz [SZ] [a] APO-Alendronate [TX]	[a] Alendro Once Weekly [RW] [a] Fonat [AL]

▪ IBANDRONATE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Bone metastases

Clinical criteria:

- The condition must be due to breast cancer.

ibandronate 50 mg tablet, 28

9357L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	292.49	41.30	Bondronat [IX]

▪ PAMIDRONATE DISODIUM

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Symptomatic Paget disease of bone

pamidronate disodium 30 mg/10 mL injection, 10 mL vial

8462J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*71.50	41.30	Pamisol [PF]

pamidronate disodium 60 mg/10 mL injection, 10 mL vial

8463K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	71.50	41.30	Pamisol [PF]

pamidronate disodium 15 mg/5 mL injection, 5 mL vial

8461H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	..	..	*71.50	41.30	Pamisol [PF]

▪ RISEDRONATE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Symptomatic Paget disease of bone

risedronate sodium 30 mg tablet, 28

8482K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	179.28	41.30	Actonel [TT]

▪ RISEDRONATE

Restricted benefit
Corticosteroid-induced osteoporosis
Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit
Osteoporosis
Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Note Anti-resorptive agents in osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Restricted benefit
Established osteoporosis
Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

risedronate sodium 150 mg tablet, 1

9391G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	38.11	39.41	[a] Acris Once-a-Month [AF] [a] APO-Risedronate [TX]	[a] Actonel Once-a-Month [TT]

risedronate sodium 35 mg enteric tablet, 4

8972F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	36.09	37.39	Actonel EC [TT]

risedronate sodium 35 mg tablet, 4

8621R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	36.09	37.39	[a] Acris Once-a-Week [AF] [a] Risedronate Sandoz [SZ]	[a] APO-Risedronate [TX] [a] Risedro once a week [RW]

risedronate sodium 5 mg tablet, 28

8481J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	36.09	37.39	Actonel [TT]

▪ ZOLEDRONIC ACID

Note Pharmaceutical benefits that have the form zoledronic acid injection 5 mg/100 mL vial and pharmaceutical benefits that have the form zoledronic acid injection 5 mg/100 mL bag are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

5710

Symptomatic Paget disease of bone

Only 1 treatment each year per patient will be PBS-subsidised

zoledronic acid 5 mg/100 mL injection, 100 mL vial

9350D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	117.12	41.30	[a] Aclasta [HX]	[a] Osteovan [SZ]
					[a] Zoledasta [TX]	[a] Zoledronic Acid SUN [RA]

▪ ZOLEDRONIC ACID

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Note Pharmaceutical benefits that have the form zoledronic acid injection 5 mg/100 mL vial and pharmaceutical benefits that have the form zoledronic acid injection 5 mg/100 mL bag are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

6308

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition, **AND**
- Patient must not receive more than one PBS-subsidised treatment per year.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6313

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -3.0 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition, **AND**
- Patient must not receive more than one PBS-subsidised treatment per year.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6318

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition, **AND**
- Patient must not receive more than one PBS-subsidised treatment per year.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

zoledronic acid 5 mg/100 mL injection, 100 mL vial

9288W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	117.12	41.30	[a] Aclasta [HX]	[a] Osteovan [SZ]
					[a] Zoledasta [TX]	[a] Zoledronic Acid SUN [RA]

Bisphosphonates, combinations

▪ ALENDRONATE + COLECALCIFEROL

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority required (STREAMLINED)

6306

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6325

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6319

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

alendronate 70 mg + colecalciferol 140 microgram (5600 units) tablet, 4

9183H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.93	20.23	[a] ALENDRONATE PLUS D3 70mg/140ug APOTEX [GX] [a] Alendronate Plus D3 Sandoz [SZ]	[a] Alendronate plus D3-DRLA [RZ] [a] FonatPlus [AF]
		[B]4.00	22.93	20.23	[a] Fosamax Plus 70 mg/140 mcg [MQ]	

▪ ALENDRONATE + COLECALCIFEROL

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Note Fosamax Plus provides a supplemental intake of vitamin D. The amount of colecalciferol present in Fosamax Plus is not sufficient to use as the sole treatment for correction of vitamin D deficiency.

Authority required (STREAMLINED)

6307

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6320

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6315

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**

- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

alendronate 70 mg + colecalciferol 70 microgram (2800 units) tablet, 4

9012H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.93	20.23	[a] ALENDRONATE PLUS D3 70mg/70ug APOTEX [GX] [a] Alendronate Plus D3 Sandoz [SZ]	[a] Alendronate plus D3-DRLA [RZ] [a] FonatPlus [AF]
		[B]4.00	22.93	20.23	[a] Fosamax Plus [MQ]	

▪ ALENDRONATE + COLECALCIFEROL (&) CALCIUM CARBONATE

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority required (STREAMLINED)

6306

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6325

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6319

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

alendronate 70 mg + colecalciferol 140 microgram tablet [4] (&) calcium (as carbonate) 500 mg tablet [48], 1 pack

9351E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	23.82	25.12	ReddyMax Plus D-Cal [RZ]

▪ RISEDRONATE (&) CALCIUM CARBONATE

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority required (STREAMLINED)

6306

Corticosteroid-induced osteoporosis

Clinical criteria:

- Patient must currently be on long-term (at least 3 months), high-dose (at least 7.5 mg per day prednisolone or equivalent) corticosteroid therapy, **AND**
- Patient must have a Bone Mineral Density (BMD) T-score of -1.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The duration and dose of corticosteroid therapy together with the date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6325
Osteoporosis
Population criteria:
- Patient must be aged 70 years or older.

Clinical criteria:
- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6319
Established osteoporosis
Clinical criteria:
- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

risedronate sodium 35 mg tablet [4] (&) calcium (as carbonate) 500 mg tablet [24], 28

8899J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	‡1	5	..	36.09	37.39	Acris Combi [AF]

Other drugs affecting bone structure and mineralization

▪ CALCITRIOL

Authority required (STREAMLINED)

5401
Hypocalcaemia
Clinical criteria:
- The condition must be due to renal disease.

Authority required (STREAMLINED)

5255
Hypoparathyroidism

Authority required (STREAMLINED)

5089
Hypophosphataemic rickets

Authority required (STREAMLINED)

5114
Vitamin D-resistant rickets

Authority required (STREAMLINED)

5402
Established osteoporosis
Clinical criteria:
- Patient must have fracture due to minimal trauma.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

calcitriol 0.25 microgram capsule, 100

2502Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	..	28.20	29.50	[a] APO-Calcitriol [TX]	[a] Calciprox [ZS]
						[a] Calcitriol AN [EA]	[a] CALITROL [ED]
						[a] Kosteo [RW]	[a] Sical [AF]
			[B]2.29	30.49	29.50	[a] Rocaltrol [IX]	

▪ DENOSUMAB

Note Denosumab is not PBS-subsidised for use in patients who have undergone curative surgical resection.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4504
Giant cell tumour of bone
Clinical criteria:

- Patient must be one in whom surgical resection is not feasible; OR
- Patient must be one in whom surgical resection is possible but surgery would result in significant morbidity.

Population criteria:

- Patient must be an adult; OR
- Patient must be a skeletally mature adolescent.

denosumab 120 mg/1.7 mL injection, 1.7 mL vial

10061M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	460.75	41.30	Xgeva [AN]

▪ DENOSUMAB

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4158

Bone metastases

Clinical criteria:

- The condition must be due to breast cancer.

Authority required (STREAMLINED)

4150

Bone metastases

Clinical criteria:

- The condition must be due to castration-resistant prostate cancer.

denosumab 120 mg/1.7 mL injection, 1.7 mL vial

5110Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	460.75	41.30	Xgeva [AN]

▪ DENOSUMAB

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority required (STREAMLINED)

6548

Osteoporosis

Population criteria:

- Patient must be aged 70 years or older.

Clinical criteria:

- Patient must have a Bone Mineral Density (BMD) T-score of -2.5 or less, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The date, site (femoral neck or lumbar spine) and score of the qualifying BMD measurement must be documented in the patient's medical records when treatment is initiated.

Authority required (STREAMLINED)

6524

Established osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

denosumab 60 mg/mL injection, 1 mL syringe

5457F

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	250.59	41.30	Prolia [AN]

▪ RALOXIFENE

Note Anti-resorptive agents in established osteoporosis include alendronate sodium, risedronate sodium, denosumab, raloxifene hydrochloride and zoledronic acid.

Authority required (STREAMLINED)

6314

Established post-menopausal osteoporosis

Clinical criteria:

- Patient must have fracture due to minimal trauma, **AND**
- Patient must not receive concomitant treatment with any other PBS-subsidised anti-resorptive agent for this condition.

The fracture must have been demonstrated radiologically and the year of plain x-ray or computed tomography (CT) scan or magnetic resonance imaging (MRI) scan must be documented in the patient's medical records when treatment is initiated.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

raloxifene hydrochloride 60 mg tablet, 28

8363E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	32.64	33.94	[a] APO-Raloxifene [TX]	[a] Fixta 60 [ZS]
					[a] RALOVISTA [RF]	[a] Raloxifene GH [GQ]
		[B]5.00	37.64	33.94	[a] Evista [LY]	

▪ ROMOSOZUMAB

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe established osteoporosis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be at very high risk of fracture, **AND**
- Patient must have a bone mineral density (BMD) T-score of -3.0 or less, **AND**
- Patient must have had 2 or more fractures due to minimal trauma, **AND**
- Patient must have experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 12 months therapy, **AND**
- Patient must not have received treatment with teriparatide; OR
- Patient must have developed intolerance to teriparatide of a severity necessitating permanent treatment withdrawal within the first 6 months of therapy.

Treatment criteria:

- Must be treated by a specialist; OR
- Must be treated by a consultant physician.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be documented in the patient's medical record at the time treatment with this drug is initiated.

If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy. Details must be documented in the patient's medical record at the time treatment with this drug is initiated.

Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months and zoledronic acid 5 mg per annum.

Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed after at least 12 months continuous anti-resorptive therapy and the score of the qualifying BMD measurement must be provided at the time of application.

Authority required

Severe established osteoporosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 12 months therapy.

Treatment criteria:

- Must be treated by a specialist; OR
- Must be treated by a consultant physician.

romosozumab 105 mg/1.17 mL injection, 2 x 1.17 mL syringes

12301K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	628.87	41.30	Evenity [AN]

▪ TERIPARATIDE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Prescribing of the biosimilar brand, Terrosa, is encouraged for treatment naive patients. Encouraging biosimilar prescribing for treatment naive patients is Government policy. A viable biosimilar market is expected to result in reduced costs for biological medicines, allowing the Government to reinvest in new treatments. Further information can be found on the Biosimilar Awareness Initiative webpage (www.health.gov.au/biosimilars).

Note Pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL pen device and pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL cartridge are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

12269

Severe established osteoporosis

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist; OR
- Must be treated by a consultant physician.

Clinical criteria:

- Patient must be at very high risk of fracture, **AND**
- Patient must have a bone mineral density (BMD) T-score of -3.0 or less, **AND**
- Patient must have had 2 or more fractures due to minimal trauma, **AND**
- Patient must have experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy, **AND**
- Patient must not have received treatment with romosozumab; OR
- Patient must have developed intolerance to romosozumab of a severity necessitating permanent treatment withdrawal within the first 6 months of therapy.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be documented in the patient's medical record at the time treatment with teriparatide is initiated.

If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy**.** Details must be documented in the patient's medical record at the time treatment with teriparatide is initiated.

Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months and zoledronic acid 5 mg per annum.

Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed after at least 12 months continuous anti-resorptive therapy and the score of the qualifying BMD measurement must be documented in the patient's medical record.

Authority required (STREAMLINED)

12270

Severe established osteoporosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy.

Treatment criteria:

- Must be treated by a by a specialist; OR
- Must be treated by a consultant physician.

Note Up to a maximum of 18 pens will be reimbursed through the PBS.

teriparatide 250 microgram/mL injection, 2.4 mL cartridge

12670W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	175.92	41.30	[a] Terrosa [FX]

▪ TERIPARATIDE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL pen device and pharmaceutical benefits that have the form teriparatide 250 microgram/mL injection, 2.4 mL cartridge are equivalent for the purposes of substitution.

Authority required

Severe established osteoporosis

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must be at very high risk of fracture, **AND**
- Patient must have a bone mineral density (BMD) T-score of -3.0 or less, **AND**
- Patient must have had 2 or more fractures due to minimal trauma, **AND**
- Patient must have experienced at least 1 symptomatic new fracture after at least 12 months continuous therapy with an anti-resorptive agent at adequate doses, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy, **AND**
- Patient must not have received treatment with romosozumab; OR
- Patient must have developed intolerance to romosozumab of a severity necessitating permanent treatment withdrawal within the first 6 months of therapy.

Treatment criteria:

- Must be treated by a specialist; OR
- Must be treated by a consultant physician.

A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or, a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

If treatment with anti-resorptive therapy is contraindicated according to the relevant TGA-approved Product Information, details of the contraindication must be documented in the patient's medical record at the time treatment with this drug is initiated.

If an intolerance of a severity necessitating permanent treatment withdrawal develops during the relevant period of use of one anti-resorptive agent, alternate anti-resorptive agents must be trialled so that the patient achieves the minimum requirement of 12 months continuous therapy. Details must be documented in the patient's medical record at the time treatment with this drug is initiated.

Anti-resorptive therapies for osteoporosis and their adequate doses which will be accepted for the purposes of administering this restriction are alendronate sodium 10 mg per day or 70 mg once weekly, risedronate sodium 5 mg per day or 35 mg once weekly or 150 mg once monthly, raloxifene hydrochloride 60 mg per day (women only), denosumab 60 mg once every 6 months and zoledronic acid 5 mg per annum.

Details of prior anti-resorptive therapy, fracture history including the date(s), site(s), the symptoms associated with the fracture(s) which developed after at least 12 months continuous anti-resorptive therapy and the score of the qualifying BMD measurement must be provided at the time of application.

Authority required

Severe established osteoporosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not exceed a lifetime maximum of 18 months therapy.

Treatment criteria:

- Must be treated by a specialist; OR
- Must be treated by a consultant physician.

Note Up to a maximum of 18 pens will be reimbursed through the PBS.

teriparatide 250 microgram/mL injection, 2.4 mL pen device

9411H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	175.92	41.30	[a] Forteo [LY]

NERVOUS SYSTEM

ANALGESICS

OPIOIDS

Natural opium alkaloids

CODEINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

codeine phosphate hemihydrate 30 mg tablet, 20

12054K

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	..	..	*21.94	23.24	Aspen Pharma Pty Ltd [AS]

▪ CODEINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

codeine phosphate hemihydrate 30 mg tablet, 20

5063L (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	22.40	23.70	Aspen Pharma Pty Ltd [AS]

▪ CODEINE

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

codeine phosphate hemihydrate 30 mg tablet, 20

12065B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	..	..	*21.94	23.24	Aspen Pharma Pty Ltd [AS]

▪ CODEINE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

codeine phosphate hemihydrate 30 mg tablet, 20

1214X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	22.40	23.70	Aspen Pharma Pty Ltd [AS]

▪ HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

hydromorphone hydrochloride 2 mg tablet, 20

12045Y (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	..	..	*22.62	23.92	Dilaudid [MF]

hydromorphone hydrochloride 4 mg tablet, 20

12032G (DP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	..	..	*24.03	25.33	Dilaudid [MF]

hydromorphone hydrochloride 8 mg tablet, 20

12010D DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	..	..	*29.24	30.54	Dilaudid [MF]

▪ HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

12559B DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	349.45	41.30	[a] Hikma [LM]	[a] Hydromorphone hydrochloride oral solution, USP (Medsurge) [DZ]

hydromorphone hydrochloride 2 mg tablet, 20

5115F DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.49	24.79	Dilaudid [MF]

hydromorphone hydrochloride 4 mg tablet, 20

5116G DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	25.76	27.06	Dilaudid [MF]

hydromorphone hydrochloride 1 mg/mL oral liquid, 200 mL

11479E DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	48.19	41.30	Dilaudid [MF]

hydromorphone hydrochloride 8 mg tablet, 20

5117H DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	34.17	35.47	Dilaudid [MF]

▪ HYDROMORPHONE

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

hydromorphone hydrochloride 2 mg tablet, 20

12047C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	..	..	*22.62	23.92	Dilaudid [MF]

hydromorphone hydrochloride 4 mg tablet, 20

12046B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	..	..	*24.03	25.33	Dilaudid [MF]

hydromorphone hydrochloride 8 mg tablet, 20

12016K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	..	..	*29.24	30.54	Dilaudid [MF]

▪ HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload

or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

12582F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	349.45	41.30	[a] Hikma [LM]	[a] Hydromorphone hydrochloride oral solution, USP (Medsurge) [DZ]

hydromorphone hydrochloride 2 mg tablet, 20

8541M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.49	24.79	Dilaudid [MF]

hydromorphone hydrochloride 4 mg tablet, 20

8542N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	25.76	27.06	Dilaudid [MF]

hydromorphone hydrochloride 2 mg/mL injection, 5 x 1 mL ampoules

8420E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	27.73	29.03	[a] Dilaudid [MF] [a] MEDSURGE HYDROMORPHONE 2 mg/1 mL [DZ]	[a] HYDROMORPHONE JUNO [JU]

hydromorphone hydrochloride 10 mg/mL injection, 5 x 1 mL ampoules

8421F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	31.34	32.64	[a] Dilaudid-HP [MF] [a] MEDSURGE HYDROMORPHONE HP 10 mg/1 mL [DZ]	[a] HYDROMORPHONE JUNO-HP [JU]

hydromorphone hydrochloride 1 mg/mL oral liquid, 200 mL

11467M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	48.19	41.30	Dilaudid [MF]

hydromorphone hydrochloride 8 mg tablet, 20

8543P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	34.17	35.47	Dilaudid [MF]

▪ HYDROMORPHONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

10754

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10753

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

hydromorphone hydrochloride 4 mg modified release tablet, 14

9299K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	32.31	33.61	Jurnista [JC]

hydromorphone hydrochloride 16 mg modified release tablet, 14

9407D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	48.74	41.30	Jurnista [JC]

hydromorphone hydrochloride 32 mg modified release tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9408E NP	1	..	..	75.66	41.30	Jurnista [JC]

hydromorphone hydrochloride 64 mg modified release tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9409F NP	1	..	..	120.64	41.30	Jurnista [JC]

hydromorphone hydrochloride 8 mg modified release tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9406C NP	1	..	..	36.17	37.47	Jurnista [JC]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

morphine sulfate pentahydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12067D DP	0.5	..	..	*21.24	22.54	Anamorph [RW]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; OR
- The treatment must be part of pre-operative care; OR
- The treatment must be used as an analgesic adjunct in general anaesthesia.

morphine sulfate pentahydrate 15 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5169C DP	1	..	..	24.62	25.92	[a] DBL Morphine Sulfate Pentahydrate [PF]	[a] MORPHINE SULFATE 15 mg/1 mL MEDSURGE [DZ]

morphine sulfate pentahydrate 30 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5170D DP	1	..	..	26.72	28.02	[a] DBL Morphine Sulfate Pentahydrate [PF]	[a] MORPHINE SULFATE 30 mg/1 mL MEDSURGE [DZ]

morphine hydrochloride trihydrate 20 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10858L DP	1	..	..	26.58	27.88	Morphine Juno [JU]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

morphine sulfate pentahydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5163R DP	1	..	..	21.27	22.57	Anamorph [RW]

morphine hydrochloride trihydrate 5 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5238Q DP	1	..	..	32.93	34.23	Ordine 5 [MF]

morphine hydrochloride trihydrate 2 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5237P DP	1	..	..	30.53	31.83	Ordine 2 [MF]

morphine hydrochloride trihydrate 10 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5239R DP	1	..	..	34.96	36.26	Ordine 10 [MF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

morphine sulfate pentahydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12009C NP	0.5	..	..	*21.24	22.54	Anamorph [RW]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Note Pharmaceutical benefits that have the forms morphine sulfate 10 mg/mL injection and morphine hydrochloride 10 mg/mL injection are equivalent for the purposes of substitution.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; OR
- The treatment must be part of pre-operative care; OR
- The treatment must be used as an analgesic adjunct in general anaesthesia.

morphine hydrochloride trihydrate 10 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10863R DP	1	..	..	23.22	24.52	[a] Morphine Juno [JU]

morphine sulfate pentahydrate 10 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5168B DP	1	..	..	23.22	24.52	[a] DBL Morphine Sulfate Pentahydrate [PF]	[a] MORPHINE SULFATE 10 mg/1 mL MEDSURGE [DZ]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; OR
- The treatment must be part of pre-operative care; OR
- The treatment must be used as an analgesic adjunct in general anaesthesia.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; OR
- The treatment must be part of pre-operative care; OR
- The treatment must be used as an analgesic adjunct in general anaesthesia.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine hydrochloride trihydrate 50 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10869C NP	1	..	..	33.03	34.33	Morphine Juno [JU]

morphine sulfate pentahydrate 15 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1645N NP MW	1	..	..	24.62	25.92	[a] DBL Morphine Sulfate Pentahydrate [PF]	[a] MORPHINE SULFATE 15 mg/1 mL MEDSURGE [DZ]

morphine hydrochloride trihydrate 100 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10878M NP	1	..	..	43.78	41.30	Morphine Juno [JU]

morphine sulfate pentahydrate 30 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1647Q NP	1	..	..	26.72	28.02	[a] DBL Morphine Sulfate Pentahydrate [PF]	[a] MORPHINE SULFATE 30 mg/1 mL MEDSURGE [DZ]

morphine hydrochloride trihydrate 20 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10874H NP	1	..	..	26.58	27.88	Morphine Juno [JU]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 30 mg tablet, 20

1646P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	21.27	22.57	Anamorph [RW]

morphine hydrochloride trihydrate 5 mg/mL oral liquid, 200 mL

2123R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	32.93	34.23	Ordine 5 [MF]

morphine hydrochloride trihydrate 2 mg/mL oral liquid, 200 mL

2122Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	30.53	31.83	Ordine 2 [MF]

morphine hydrochloride trihydrate 10 mg/mL oral liquid, 200 mL

2124T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	34.96	36.26	Ordine 10 [MF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Cancer pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have cancer pain, **AND**

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Cancer pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have cancer pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Cancer pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 10 mg tablet, 20

8669G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	21.50	22.80	Sevredol [MF]

morphine sulfate pentahydrate 20 mg tablet, 20

8670H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	22.27	23.57	Sevredol [MF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Pharmaceutical benefits that have the forms morphine sulfate 10 mg/mL injection and morphine hydrochloride 10 mg/mL injection are equivalent for the purposes of substitution.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; OR
- The treatment must be part of pre-operative care; OR
- The treatment must be used as an analgesic adjunct in general anaesthesia.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance; OR
- The treatment must be part of pre-operative care; OR
- The treatment must be used as an analgesic adjunct in general anaesthesia.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine hydrochloride trihydrate 10 mg/mL injection, 5 x 1 mL ampoules

10864T (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	23.22	24.52	[a] Morphine Juno [JU]

morphine sulfate pentahydrate 10 mg/mL injection, 5 x 1 mL ampoules

1644M (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	23.22	24.52	[a] DBL Morphine Sulfate Pentahydrate [PF]	[a] MORPHINE SULFATE 10 mg/1 mL MEDSURGE [DZ]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR

- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 200 mg modified release granules, 28 sachets

12053J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	159.49	41.30	MS Contin Suspension 200 mg [MF]

morphine sulfate pentahydrate 200 mg modified release tablet, 28

12055L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	119.50	41.30	MS Contin [MF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 30 mg modified release capsule, 14

8491X

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	30.02	31.32	MS Mono [MF]

morphine sulfate pentahydrate 15 mg modified release tablet, 28

8489T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	30.03	31.33	MS Contin [MF]

morphine sulfate pentahydrate 60 mg modified release tablet, 28

1655D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	57.75	41.30	[a] Momex SR 60 [RW] [a] Morphine MR Mylan [AF]	[a] MORPHINE MR APOTEX [TX] [a] MS Contin [MF]

morphine sulfate pentahydrate 60 mg modified release granules, 28 sachets

8305D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	72.12	41.30	MS Contin Suspension 60 mg [MF]

morphine sulfate pentahydrate 120 mg modified release capsule, 14

8494C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	57.74	41.30	MS Mono [MF]

morphine sulfate pentahydrate 30 mg modified release tablet, 28

1654C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	40.17	41.30	[a] Momex SR 30 [RW] [a] Morphine MR Mylan [AF]	[a] MORPHINE MR APOTEX [TX] [a] MS Contin [MF]

morphine sulfate pentahydrate 90 mg modified release capsule, 14

8493B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	44.98	41.30	MS Mono [MF]

morphine sulfate pentahydrate 20 mg modified release granules, 28 sachets

8490W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	63.41	41.30	MS Contin Suspension 20 mg [MF]

morphine sulfate pentahydrate 100 mg modified release granules, 28 sachets

8306E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	87.12	41.30	MS Contin Suspension 100 mg [MF]

morphine sulfate pentahydrate 50 mg modified release capsule, 28

2840L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	46.62	41.30	Kapanol [YN]

morphine sulfate pentahydrate 100 mg modified release capsule, 28

2841M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	72.66	41.30	Kapanol [YN]

morphine sulfate pentahydrate 20 mg modified release capsule, 28

2839K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	30.71	32.01	Kapanol [YN]

morphine sulfate pentahydrate 10 mg modified release capsule, 28

8349K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	26.38	27.68	Kapanol [YN]

morphine sulfate pentahydrate 100 mg modified release tablet, 28

1656E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	74.52	41.30	[a] Momex SR 100 [RW] [a] Morphine MR Mylan [AF]	[a] MORPHINE MR APOTEX [TX] [a] MS Contin [MF]

morphine sulfate pentahydrate 5 mg modified release tablet, 28

8035X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	24.27	25.57	MS Contin [MF]

morphine sulfate pentahydrate 30 mg modified release granules, 28 sachets

8146R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	65.03	41.30	MS Contin Suspension 30 mg [MF]

morphine sulfate pentahydrate 10 mg modified release tablet, 28

1653B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	26.39	27.69	[a] Momex SR 10 [RW] [a] Morphine MR Mylan [AF]	[a] MORPHINE MR APOTEX [TX] [a] MS Contin [MF]

morphine sulfate pentahydrate 60 mg modified release capsule, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8492Y NP	1	..	..	40.15	41.30	MS Mono [MF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note **Shared Care Model**:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Chronic severe disabling pain

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

morphine sulfate pentahydrate 200 mg modified release granules, 28 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8454Y NP	1	..	..	159.49	41.30	MS Contin Suspension 200 mg [MF]

morphine sulfate pentahydrate 200 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8453X NP	1	..	..	119.50	41.30	MS Contin [MF]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

oxycodone hydrochloride 5 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12048D DP	0.5	..	..	*19.91	21.21	[a] Mayne Pharma Oxycodone IR [YN]	[a] Oxycodone Mylan [AL]
			[B]1.15	*21.06	21.21	[a] Endone [AF]	

oxycodone hydrochloride 10 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12074L DP	0.5	..	..	*21.44	22.74	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

oxycodone hydrochloride 5 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12311Y DP	1	..	..	19.25	20.55	OxyNorm [MF]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

oxycodone hydrochloride 5 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5191F DP	1	..	..	21.19	22.49	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

oxycodone hydrochloride 5 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5195K DP	1	..	..	19.12	20.42	[a] Mayne Pharma Oxycodone IR [YN]	[a] Oxycodone Mylan [AL]
			[B]1.86	20.98	20.42	[a] Endone [AF]	

oxycodone hydrochloride 10 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5197M DP	1	..	..	21.59	22.89	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

oxycodone hydrochloride 1 mg/mL oral liquid, 250 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5190E DP	1	..	..	30.14	31.44	OxyNorm Liquid 1mg/mL [MF]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for post-operative pain following a major operative procedure, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

oxycodone 30 mg suppository, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5194J DP	1	..	..	49.25	41.30	Proladone [FF]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

oxycodone hydrochloride 5 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12023T NP	0.5	..	..	*19.91	21.21	[a] Mayne Pharma Oxycodone IR [YN]	[a] Oxycodone Mylan [AL]
			[B]1.15	*21.06	21.21	[a] Endone [AF]	

oxycodone hydrochloride 10 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12031F NP	0.5	..	..	*21.44	22.74	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

oxycodone hydrochloride 5 mg capsule, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12314D NP	1	..	..	19.25	20.55	OxyNorm [MF]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme

Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have cancer pain; OR
- The treatment must be for post-operative pain following a major operative procedure, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have cancer pain; OR
- The treatment must be for post-operative pain following a major operative procedure, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

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Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone 30 mg suppository, 12

2481N

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	49.25	41.30	Proladone [FF]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone hydrochloride 5 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8464L NP	1	..	..	21.19	22.49	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

oxycodone hydrochloride 20 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8502L NP	1	..	..	24.94	26.24	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

oxycodone hydrochloride 5 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2622B NP	1	..	..	19.12	20.42	[a] Mayne Pharma Oxycodone IR [YN]	[a] Oxycodone Mylan [AL]
			[B]1.86	20.98	20.42	[a] Endone [AF]	

oxycodone hydrochloride 10 mg capsule, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8501K NP	1	..	..	21.59	22.89	[a] Oxycodone BNM [BZ]	[a] OxyNorm [MF]

oxycodone hydrochloride 1 mg/mL oral liquid, 250 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8644Y NP	1	..	..	30.14	31.44	OxyNorm Liquid 1mg/mL [MF]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note OxyContin and Novacodone modified release tablets are intended to be crush-deterrent and to reduce the rapid release of oxycodone upon accidental or intentional misuse.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
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Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone hydrochloride 20 mg modified release tablet, 28

8386J

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	36.38	37.68	[a] Novacodone [HX] [a] OxyContin [MF]	[a] Oxycodone Sandoz [SZ]

oxycodone hydrochloride 40 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8387K NP	1	..	..	51.11	41.30	[a] Novacodone [HX] [a] OxyContin [MF]	[a] Oxycodone Sandoz [SZ]

oxycodone hydrochloride 10 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8385H NP	1	..	..	27.90	29.20	[a] Novacodone [HX] [a] OxyContin [MF]	[a] Oxycodone Sandoz [SZ]

oxycodone hydrochloride 80 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8388L NP	1	..	..	72.95	41.30	[a] Novacodone [HX] [a] OxyContin [MF]	[a] Oxycodone Sandoz [SZ]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note OxyContin modified release tablets are intended to be crush-deterrent and to reduce the rapid release of oxycodone upon accidental or intentional misuse.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
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Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone hydrochloride 15 mg modified release tablet, 28

9399Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	36.14	37.44	OxyContin [MF]

oxycodone hydrochloride 30 mg modified release tablet, 28

9400R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	49.72	41.30	OxyContin [MF]

▪ OXYCODONE + NALOXONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
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Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone hydrochloride 40 mg + naloxone hydrochloride 20 mg modified release tablet, 28

8936H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	75.22	41.30	Targin 40/20mg [MF]

oxycodone hydrochloride 20 mg + naloxone hydrochloride 10 mg modified release tablet, 28

8935G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	50.12	41.30	Targin 20/10mg [MF]

oxycodone hydrochloride 2.5 mg + naloxone hydrochloride 1.25 mg modified release tablet, 28

10776E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	26.76	28.06	Targin 2.5/1.25 mg [MF]

oxycodone hydrochloride 60 mg + naloxone hydrochloride 30 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11102H NP	1	..	..	82.52	41.30	Targin 60/30 [MF]

oxycodone hydrochloride 15 mg + naloxone hydrochloride 7.5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10757E NP	1	..	..	39.98	41.28	Targin 15/7.5mg [MF]

oxycodone hydrochloride 80 mg + naloxone hydrochloride 40 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11111T NP	1	..	..	97.16	41.30	Targin 80/40 [MF]

oxycodone hydrochloride 10 mg + naloxone hydrochloride 5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8934F NP	1	..	..	35.63	36.93	Targin 10/5mg [MF]

oxycodone hydrochloride 30 mg + naloxone hydrochloride 15 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10758F NP	1	..	..	56.27	41.30	Targin 30/15 mg [MF]

oxycodone hydrochloride 5 mg + naloxone hydrochloride 2.5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8000C NP	1	..	..	34.50	35.80	Targin 5/2.5mg [MF]

Phenylpiperidine derivatives

▪ FENTANYL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Pharmaceutical benefits that have the form fentanyl 12 microgram/hour patch are equivalent for the purposes of substitution.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
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Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

10745

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10747

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10751

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

fentanyl 12 microgram/hour patch, 5

5265D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	25.36	26.66	[a] Denpax [AF]

fentanyl 12 microgram/hour patch, 5

5437E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	25.36	26.66	[a] Fenpatch 12 [ZP]

fentanyl 12 microgram/hour patch, 5

8878G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	25.36	26.66	[a] APO-Fentanyl [TX] [a] Fentanyl Sandoz [SZ]	[a] Durogesic 12 [JC]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Pharmaceutical benefits that have the form fentanyl 25 microgram/hour patch are equivalent for the purposes of substitution.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
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Authority required (STREAMLINED)

10745

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10747

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10751

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

fentanyl 25 microgram/hour patch, 5

5277R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	27.66	28.96	[a] Denpax [AF]

fentanyl 25 microgram/hour patch, 5

5438F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	27.66	28.96	[a] Fenpatch 25 [ZP]

fentanyl 25 microgram/hour patch, 5

8891Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	27.66	28.96	[a] APO-Fentanyl [TX] [a] Fentanyl Sandoz [SZ]	[a] Durogesic 25 [JC]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Pharmaceutical benefits that have the form fentanyl 50 microgram/hour patch are equivalent for the purposes of substitution.

Note **Shared Care Model**:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
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Authority required (STREAMLINED)

10745

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10747

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10751

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

fentanyl 50 microgram/hour patch, 5

5278T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	36.68	37.98	[a] Denpax [AF]

fentanyl 50 microgram/hour patch, 5

5439G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	36.68	37.98	[a] Fenpatch 50 [ZP]

fentanyl 50 microgram/hour patch, 5

8892B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	36.68	37.98	[a] APO-Fentanyl [TX] [a] Fentanyl Sandoz [SZ]	[a] Durogesic 50 [JC]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Pharmaceutical benefits that have the form fentanyl 75 microgram/hour patch are equivalent for the purposes of substitution.

Note **Shared Care Model**:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
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Authority required (STREAMLINED)

10745

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10747

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10751

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

fentanyl 75 microgram/hour patch, 5

5279W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	44.01	41.30	[a] Denpax [AF]

fentanyl 75 microgram/hour patch, 5

5440H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	44.01	41.30	[a] Fenpatch 75 [ZP]

fentanyl 75 microgram/hour patch, 5

8893C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	44.01	41.30	[a] APO-Fentanyl [TX] [a] Fentanyl Sandoz [SZ]	[a] Durogesic 75 [JC]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Pharmaceutical benefits that have the form fentanyl 100 microgram/hour patch are equivalent for the purposes of substitution.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

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Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

10745

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10747

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10751

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

fentanyl 100 microgram/hour patch, 5

5280X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	50.53	41.30	[a] Denpax [AF]

fentanyl 100 microgram/hour patch, 5

5441J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	50.53	41.30	[a] Fenpatch 100 [ZP]

fentanyl 100 microgram/hour patch, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8894D NP	1	..	..	50.53	41.30	[a] APO-Fentanyl [TX] [a] Fentanyl Sandoz [SZ]	[a] Durogesic 100 [JC]

Diphenylpropylamine derivatives

▪ METHADONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note This treatment is not recommended for use in ambulant patients.

Note Consider consultation with a multidisciplinary pain service prior to, or after commencement of this medication.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

10745

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10747

Chronic severe disabling pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must not be opioid naive, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10751

Chronic severe disabling pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

methadone hydrochloride 10 mg/mL injection, 5 x 1 mL ampoules

1606M

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	52.34	41.30	Physeptone [AS]

methadone hydrochloride 10 mg tablet, 20

1609Q

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	22.20	23.50	Physeptone [AS]

Oripavine derivatives

▪ BUPRENORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

buprenorphine 5 microgram/hour patch, 2

8865N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	29.09	30.39	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 30 microgram/hour patch, 2

10755C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	62.07	41.30	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 20 microgram/hour patch, 2

8867Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	50.78	41.30	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 15 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10770W NP	1	..	..	44.81	41.30	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 25 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10756D NP	1	..	..	56.42	41.30	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 10 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8866P NP	1	..	..	38.86	40.16	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 40 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10746N NP	1	..	..	73.36	41.30	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

Opioids in combination with non-opioid analgesics

▪ PARACETAMOL + CODEINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

paracetamol 500 mg + codeine phosphate hemihydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12066C DP	0.5	..	..	*14.75	16.05	[a] APO- Paracetamol/Codeine 500/30 [TX] [a] Codalgin Forte [AF] [a] Comfarol Forte [SZ] [a] Prodeine Forte [AV]	[a] APX-Paracetamol/Codeine [TY] [a] Codapane Forte 500/30 [AL] [a] Paracetamol/Codeine GH 500/30 [GQ]
			[B]1.21	*15.96	16.05	[a] Panadeine Forte [SW]	

▪ PARACETAMOL + CODEINE

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

paracetamol 500 mg + codeine phosphate hemihydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3316M DP	1	..	..	13.75	15.05	[a] APO- Paracetamol/Codeine 500/30 [TX] [a] Codalgin Forte [AF] [a] Comfarol Forte [SZ] [a] Prodeine Forte [AV]	[a] APX-Paracetamol/Codeine [TY] [a] Codapane Forte 500/30 [AL] [a] Paracetamol/Codeine GH 500/30 [GQ]
			[B]1.95	15.70	15.05	[a] Panadeine Forte [SW]	

▪ PARACETAMOL + CODEINE

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

paracetamol 500 mg + codeine phosphate hemihydrate 30 mg tablet, 20

12022R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
0.5	..	..	*14.75	16.05	[a] APO- Paracetamol/Codeine 500/30 [TX]	[a] APX-Paracetamol/Codeine [TY]
					[a] Codalgin Forte [AF]	[a] Codapane Forte 500/30 [AL]
					[a] Comfarol Forte [SZ]	[a] Paracetamol/Codeine GH 500/30 [GQ]
					[a] Prodeine Forte [AV]	
		[B]1.21	*15.96	16.05	[a] Panadeine Forte [SW]	

▪ PARACETAMOL + CODEINE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

paracetamol 500 mg + codeine phosphate hemihydrate 30 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1215Y NP	1	..	..	13.75	15.05	[a] APO- Paracetamol/Codeine 500/30 [TX]	[a] APX-Paracetamol/Codeine [TY]
						[a] Codalgin Forte [AF]	[a] Codapane Forte 500/30 [AL]
						[a] Comfarol Forte [SZ]	[a] Paracetamol/Codeine GH 500/30 [GQ]
						[a] Prodeine Forte [AV]	
			[B]1.95	15.70	15.05	[a] Panadeine Forte [SW]	

Other opioids

▪ TAPENTADOL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

tapentadol 200 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10091D NP	1	..	..	48.75	41.30	Palexia SR [CS]

tapentadol 100 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10094G NP	1	..	..	35.22	36.52	Palexia SR [CS]

tapentadol 250 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10092E NP	1	..	..	54.12	41.30	Palexia SR [CS]

tapentadol 150 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10100N NP	1	..	..	42.40	41.30	Palexia SR [CS]

tapentadol 50 mg modified release tablet, 28

10096J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	27.75	29.05	Palexia SR [CS]

▪ TRAMADOL

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

tramadol hydrochloride 50 mg capsule, 20

12024W DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
0.5	..	..	*15.12	16.42	[a] APO-Tramadol [TX] [a] Tramedo [AF]	[a] Tramadol Sandoz [SZ] [a] Zydol [RW]
		[B]1.39	*16.51	16.42	[a] Tramal [CS]	

▪ TRAMADOL

Caution The risk of drug dependence is high.

Note Prescribing of drugs of addiction by dentists is not permitted in some States/Territories.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

tramadol hydrochloride 100 mg/2 mL injection, 5 x 2 mL ampoules

5231H DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	15.14	16.44	[a] Tramadol AN [JU] [a] Tramal 100 [CS]	[a] Tramadol Sandoz [SZ]

tramadol hydrochloride 50 mg capsule, 20

5232J DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	14.35	15.65	[a] APO-Tramadol [TX] [a] Tramedo [AF]	[a] Tramadol Sandoz [SZ] [a] Zydol [RW]
		[B]2.25	16.60	15.65	[a] Tramal [CS]	

tramadol hydrochloride 100 mg/mL oral liquid, 10 mL

5150C DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.42	19.72	Tramal [CS]

▪ TRAMADOL

Caution The risk of drug dependence is high.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe pain

Clinical criteria:

- The treatment must be for short term therapy of acute severe pain, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

tramadol hydrochloride 50 mg capsule, 20

12008B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
0.5	..	..	*15.12	16.42	[a] APO-Tramadol [TX] [a] Tramedo [AF]	[a] Tramadol Sandoz [SZ] [a] Zydol [RW]
		[B]1.39	*16.51	16.42	[a] Tramal [CS]	

▪ TRAMADOL

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for severe disabling pain associated with malignant neoplasia or chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid analgesics; OR
- Patient must be unable to use non-opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for:

(i) severe disabling pain associated with proven malignant neoplasia; or

(ii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Restricted benefit

Severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered where the patient has received initial authority approval for:

(i) severe disabling pain associated with malignant neoplasia; or

(ii) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months; or

(iii) palliative care patients with chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient is unable to have annual pain management review due to their clinical condition; or

(iv) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(v) chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

tramadol hydrochloride 100 mg/2 mL injection, 5 x 2 mL ampoules

8582Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	15.14	16.44	[a] Tramadol AN [JU] [a] Tramal 100 [CS]	[a] Tramadol Sandoz [SZ]

tramadol hydrochloride 50 mg capsule, 20

8455B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	14.35	15.65	[a] APO-Tramadol [TX] [a] Tramedo [AF]	[a] Tramadol Sandoz [SZ] [a] Zydol [RW]
		[B]2.25	16.60	15.65	[a] Tramal [CS]	

tramadol hydrochloride 100 mg/mL oral liquid, 10 mL

8843K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.42	19.72	Tramal [CS]

▪ TRAMADOL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

10755

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for less than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats under this restriction must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment is less than 12 months.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10748

Chronic severe pain

Treatment Phase: Initial PBS treatment after 1 June 2020 where patient has been treated with opioids for more than 12 months

Clinical criteria:

- The condition must require daily, continuous, long term opioid treatment, **AND**
- Patient must have cancer pain; OR
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the total duration of non-PBS and PBS opioid analgesic treatment:

(i) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(ii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iii) has exceeded 12 months prior to 1 June 2020 and the patient's clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

Authority required (STREAMLINED)

10752

Chronic severe pain

Treatment Phase: Continuing PBS treatment after 1 June 2020

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this form of this drug for this condition after 1 June 2020.

Authorities for increased maximum quantities and/or repeats must only be considered for chronic severe disabling pain where the patient has received initial authority approval and the total duration of non-PBS and PBS opioid analgesic treatment:

(i) is less than 12 months; or

(ii) exceeds 12 months and the palliative care patient is unable to have annual pain management review due to their clinical condition; or

(iii) exceeds 12 months and the patient's clinical need for continuing opioid treatment has been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months; or

(iv) has exceeded 12 months prior to 1 June 2020 and the patient's pain management and clinical need for continuing opioid treatment has not been confirmed through consultation with the patient by another medical practitioner or a palliative care nurse practitioner in the past 12 months, but is planned in the next 3 months.

Palliative care nurses may conduct annual review under this item for the treatment of palliative care patients only.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

tramadol hydrochloride 100 mg modified release tablet, 20

8523N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	14.73	16.03	[a] APO-Tramadol SR [TX] [a] Tramadol SR generichealth [GQ] [a] Zydol SR 100 [RW]	[a] Tramadol Sandoz SR [SZ] [a] Tramedo SR [AL]
			[B]4.25	18.98	16.03	[a] Tramal SR 100 [CS]	

tramadol hydrochloride 200 mg modified release tablet, 20

8525Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	16.15	17.45	[a] APO-Tramadol SR [TX] [a] Tramadol SR generichealth [GQ] [a] Zydol SR 200 [RW]	[a] Tramadol Sandoz SR [SZ] [a] Tramedo SR [AL]
			[B]5.95	22.10	17.45	[a] Tramal SR 200 [CS]	

tramadol hydrochloride 50 mg modified release tablet, 20

2527B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	..	..	15.42	16.72	Tramal SR 50 [CS]

tramadol hydrochloride 150 mg modified release tablet, 20

8524P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	..	..	15.49	16.79	[a] APO-Tramadol SR [TX] [a] Tramadol SR generichealth [GQ] [a] Zydol SR 150 [RW]	[a] Tramadol Sandoz SR [SZ] [a] Tramedo SR [AL]
			[B]5.19	20.68	16.79	[a] Tramal SR 150 [CS]	

OTHER ANALGESICS AND ANTIPYRETICS

Anilides

▪ PARACETAMOL

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

paracetamol 24 mg/mL oral liquid, 100 mL

1747Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	14.88	16.18	Panamax [SW]

paracetamol 500 mg tablet, 100

1746X NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	13.75	15.05	[a] APO-Paracetamol [TX]	[a] Febridol [EA]
					[a] Mendeleev Paracetamol [HX]	[a] Panamax [SW]
					[a] Paracetamol (Sandoz) [SZ]	[a] Paracetamol Sandoz Pharma [QS]
					[a] Paralgin [OW]	[a] Parapane [AF]
					[a] PHARMACY CARE PARACETAMOL [SI]	[a] Wagner Health Paracetamol [BG]

paracetamol 48 mg/mL oral liquid, 200 mL

1770E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	15.93	17.23	Panamax 240 Elixir [SW]

▪ PARACETAMOL

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

paracetamol 24 mg/mL oral liquid, 100 mL

3348F DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	14.88	16.18	Panamax [SW]

paracetamol 500 mg tablet, 100

5196L DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	13.75	15.05	[a] APO-Paracetamol [TX]	[a] Febridol [EA]
					[a] Mendeleev Paracetamol [HX]	[a] Panamax [SW]
					[a] Paracetamol (Sandoz) [SZ]	[a] Paracetamol Sandoz Pharma [QS]
					[a] Paralgin [OW]	[a] Parapane [AF]
					[a] PHARMACY CARE PARACETAMOL [SI]	[a] Wagner Health Paracetamol [BG]

paracetamol 48 mg/mL oral liquid, 200 mL

3349G DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	15.93	17.23	Panamax 240 Elixir [SW]

▪ PARACETAMOL

Restricted benefit

Chronic arthropathies

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

paracetamol 500 mg tablet, 100

5224Y DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	..	..	*17.08	18.38	[a] APO-Paracetamol [TX]	[a] Febridol [EA]
					[a] Mendeleev Paracetamol [HX]	[a] Panamax [SW]
					[a] Paracetamol (Sandoz) [SZ]	[a] Paracetamol Sandoz Pharma [QS]
					[a] Paralgin [OW]	[a] Parapane [AF]
					[a] PHARMACY CARE PARACETAMOL [SI]	[a] Wagner Health Paracetamol [BG]

▪ PARACETAMOL

Restricted benefit

Chronic arthropathies

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

paracetamol 500 mg tablet, 100

8784H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3	4	..	*17.08	18.38	[a] APO-Paracetamol [TX]	[a] Febridol [EA]
					[a] Mendeleev Paracetamol [HX]	[a] Panamax [SW]
					[a] Paracetamol (Sandoz) [SZ]	[a] Paracetamol Sandoz Pharma [QS]
					[a] Paralgin [OW]	[a] Parapane [AF]

	[a] PHARMACY CARE PARACETAMOL [SI]	[a] Wagner Health Paracetamol [BG]

▪ PARACETAMOL

Note Pharmaceutical benefits that have the form paracetamol 665 mg tablet: modified release, 96 and pharmaceutical benefits that have the form paracetamol 665 mg tablet: modified release, 192 are equivalent for the purposes of substitution.

Restricted benefit

Persistent pain

Clinical criteria:

- The condition must be associated with osteoarthritis.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

paracetamol 665 mg modified release tablet, 96

8814X

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*19.54	20.84	[a] APOHEALTH Osteo Relief Paracetamol 665 mg [TX]	[a] CHEMISTS' OWN OSTEO RELIEF PARACETAMOL [RF]
					[a] Osteomol 665 Paracetamol [CR]	

paracetamol 665 mg modified release tablet, 192

10797G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	19.54	20.84	[a] Osteomol 665 Paracetamol [CR]

Other analgesics and antipyretics

▪ PREGABALIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4172

Neuropathic pain

Clinical criteria:

- The condition must be refractory to treatment with other drugs.

pregabalin 75 mg capsule, 56

2335X

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	20.95	22.25	[a] APO-Pregabalin [TX]	[a] Blooms The Chemist Pregabalin [IB]
					[a] BTC PREGABALIN [JB]	[a] Cipla Pregabalin [LR]
					[a] LYPRALIN [RW]	[a] Lyrica [UJ]
					[a] Lyzalon [AF]	[a] Neuroccord [CR]
					[a] Prebalin [RF]	[a] Pregabalin APOTEX [GX]
					[a] PREGABALIN-DRLA [RZ]	[a] Pregabalin GH [GQ]
					[a] Pregabalin Sandoz [SZ]	[a] Pregabalin-Teva [TB]

pregabalin 150 mg capsule, 56

2355Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	25.69	26.99	[a] APO-Pregabalin [TX]	[a] Blooms The Chemist Pregabalin [IB]
					[a] BTC PREGABALIN [JB]	[a] Cipla Pregabalin [LR]
					[a] LYPRALIN [RW]	[a] Lyrica [UJ]
					[a] Lyzalon [AF]	[a] Neuroccord [CR]
					[a] Prebalin [RF]	[a] Pregabalin APOTEX [GX]
					[a] PREGABALIN-DRLA [RZ]	[a] Pregabalin GH [GQ]
					[a] Pregabalin Sandoz [SZ]	[a] Pregabalin-Teva [TB]

pregabalin 25 mg capsule, 56

2348N

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.22	17.52	[a] APO-Pregabalin [TX]	[a] Blooms The Chemist Pregabalin [IB]
					[a] BTC PREGABALIN [JB]	[a] Cipla Pregabalin [LR]
					[a] LYPRALIN [RW]	[a] Lyrica [UJ]
					[a] Lyzalon [AF]	[a] Neuroccord [CR]
					[a] Prebalin [RF]	[a] Pregabalin APOTEX [GX]
					[a] PREGABALIN-DRLA [RZ]	[a] Pregabalin GH [GQ]
					[a] Pregabalin Sandoz [SZ]	[a] Pregabalin-Teva [TB]

pregabalin 300 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2363J NP	1	5	..	32.38	33.68	[a] APO-Pregabalin [TX]	[a] Blooms The Chemist Pregabalin [IB]
						[a] BTC PREGABALIN [JB]	[a] Cipla Pregabalin [LR]
						[a] LYPRALIN [RW]	[a] Lyrica [UJ]
						[a] Lyzalon [AF]	[a] Neuroccord [CR]
						[a] Prebalin [RF]	[a] Pregabalin APOTEX [GX]
						[a] PREGABALIN-DRLA [RZ]	[a] Pregabalin GH [GQ]
						[a] Pregabalin Sandoz [SZ]	[a] Pregabalin-Teva [TB]

ANTIMIGRAINE PREPARATIONS

Selective serotonin (5HT1) agonists

▪ ELETRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past.

eletriptan 40 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5290K NP	1	5	..	25.71	27.01	Relpax [UJ]

eletriptan 80 mg tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5291L NP	1	5	..	25.71	27.01	Relpax [UJ]

▪ NARATRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past.

naratriptan 2.5 mg tablet, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8298R NP	2	5	[S]1.96	*27.80	27.14	Naramig [AS]

▪ NARATRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom adverse events have occurred with other suitable PBS-listed drugs.

Authority required
Migraine attack
Clinical criteria:
- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom drug interactions have occurred with other suitable PBS-listed drugs.

Authority required
Migraine attack
Clinical criteria:
- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom drug interactions are expected to occur with other suitable PBS-listed drugs.

Authority required
Migraine attack
Clinical criteria:
- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom transfer to another suitable PBS-listed drug would cause patient confusion resulting in problems with compliance.

Authority required
Migraine attack
Clinical criteria:
- The condition must have usually failed to respond to analgesics in the past, **AND**
- Patient must be one in whom transfer to another suitable PBS-listed drug is likely to result in adverse clinical consequences.

naratriptan 2.5 mg tablet, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9734H NP	2	5	..	*27.80	29.10	Naramig [AS]

▪ RIZATRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Pharmaceutical benefits that have the form rizatriptan wafer 10 mg (as benzoate) and pharmaceutical benefits that have the form rizatriptan tablet (orally disintegrating) 10 mg (as benzoate) are equivalent for the purposes of substitution.

Restricted benefit
Migraine attack
Clinical criteria:
- The condition must have usually failed to respond to analgesics in the past.

rizatriptan 10 mg wafer, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9313E NP	2	5	..	*20.88	22.18	[a] Maxalt [AL]	[a] Rizatriptan Wafers-10mg [AF]

rizatriptan 10 mg orally disintegrating tablet, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10551H NP	2	5	..	*20.88	22.18	[a] APO-Rizatriptan [TX] [a] Rizatriptan AN ODT [EA] [a] Rizatriptan ODT APOTEX [GX]	[a] RIXALT [RF] [a] Rizatriptan-AU [DZ] [a] Rizatriptan ODT GH [GQ]

▪ SUMATRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Pharmaceutical benefits that have the form sumatriptan tablet 50 mg (as succinate) and pharmaceutical benefits that have the form sumatriptan tablet (fast disintegrating) 50 mg (as succinate) are equivalent for the purposes of substitution.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Migraine attack
Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past.

sumatriptan 50 mg tablet, 4

1849H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.29	18.59	[a] APO-Sumatriptan [TX]	[a] Iptam [AL]
					[a] Pharmacor Sumatriptan 50 [CR]	[a] Sumatran [OW]
					[a] Sumatriptan generichealth [GQ]	[a] Sumatriptan Sandoz [SZ]
		[B]4.14	21.43	18.59	[a] Imigran [LN]	

SUMATRIPTAN Tablet 50 mg (base) (fast disintegrating), 4

10694W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	[B]4.14	21.43	18.59	[a] Imigran FDT [AS]

sumatriptan 50 mg tablet, 2

8144P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*17.30	18.60	[a] APO-Sumatriptan [TX]	[a] Iptam [AL]
					[a] Sumatran [OW]	[a] Sumatriptan Sandoz [SZ]
		[B]4.14	*21.44	18.60	[a] Imigran [LN]	

SUMATRIPTAN Tablet (fast disintegrating) 50 mg (as succinate), 2

8885P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	[B]4.14	*21.44	18.60	[a] Imigran FDT [AS]

sumatriptan 20 mg/actuation nasal spray, 2 x 1 actuation

8341B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	23.92	25.22	Imigran [AS]

▪ ZOLMITRIPTAN

Caution Selective serotonin (5HT1) agonists are contraindicated in patients with known or suspected coronary artery disease. The drug should not be used within 24 hours of ergotamine or dihydroergotamine use.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Migraine attack

Clinical criteria:

- The condition must have usually failed to respond to analgesics in the past.

zolmitriptan 2.5 mg tablet, 2

8266C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*23.96	25.26	[a] APO-Zolmitriptan [TX]	[a] Zoltrip [RW]
		[B]4.50	*28.46	25.26	[a] Zomig [AP]	

Calcitonin gene-related peptide (CGRP) antagonists

▪ FREMANEZUMAB

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

12029

Chronic migraine

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist neurologist or in consultation with a specialist neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have achieved and maintained a 50% or greater reduction from baseline in the number of migraine days per month, **AND**
- Patient must continue to be appropriately managed for medication overuse headache.

Patient must have the number of migraine days per month documented in their medical records.

fremanezumab 225 mg/1.5 mL injection, 1.5 mL syringe

12603H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	559.01	41.30	Ajovy [TB]

▪ FREMANEZUMAB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)
12064
Chronic migraine
Treatment Phase: Initial treatment
Treatment criteria:

- Must be treated by a neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have experienced an average of 15 or more headache days per month, with at least 8 days of migraine, over a period of at least 6 months, prior to commencement of treatment with this medicine for this condition, **AND**
- Patient must have experienced an inadequate response, intolerance or a contraindication to at least three prophylactic migraine medications prior to commencement of treatment with this drug for this condition, **AND**
- Patient must be appropriately managed by his or her practitioner for medication overuse headache, prior to initiation of treatment with this drug.

Population criteria:

- Patient must be aged 18 years or older.

Prophylactic migraine medications are propranolol, amitriptyline, pizotifen, candesartan, verapamil, nortriptyline, sodium valproate or topiramate.
Patient must have the number of migraine days per month documented in their medical records.

fremanezumab 225 mg/1.5 mL injection, 1.5 mL syringe

12611R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	559.01	41.30	Ajovy [TB]

Other antimigraine preparations

▪ GALCANEZUMAB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)
12029
Chronic migraine
Treatment Phase: Continuing treatment
Treatment criteria:

- Must be treated by a specialist neurologist or in consultation with a specialist neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must have achieved and maintained a 50% or greater reduction from baseline in the number of migraine days per month, **AND**
- Patient must continue to be appropriately managed for medication overuse headache.

Patient must have the number of migraine days per month documented in their medical records.

galcanezumab 120 mg/mL injection, 1 mL pen device

12469G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	559.02	41.30	Emgality [LY]

▪ GALCANEZUMAB

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.
Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)
12064
Chronic migraine
Treatment Phase: Initial treatment
Treatment criteria:

- Must be treated by a neurologist, **AND**
- Patient must not be undergoing concurrent treatment with the following PBS benefits: (i) botulinum toxin type A listed for this PBS indication, (ii) another drug in the same pharmacological class as this drug listed for this PBS indication.

Clinical criteria:

- Patient must have experienced an average of 15 or more headache days per month, with at least 8 days of migraine, over a period of at least 6 months, prior to commencement of treatment with this medicine for this condition, **AND**
- Patient must have experienced an inadequate response, intolerance or a contraindication to at least three prophylactic migraine medications prior to commencement of treatment with this drug for this condition, **AND**
- Patient must be appropriately managed by his or her practitioner for medication overuse headache, prior to initiation of treatment with this drug.

Population criteria:

- Patient must be aged 18 years or older.

Prophylactic migraine medications are propranolol, amitriptyline, pizotifen, candesartan, verapamil, nortriptyline, sodium valproate or topiramate.

Patient must have the number of migraine days per month documented in their medical records.

galcanezumab 120 mg/mL injection, 1 mL pen device

12478R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*1110.96	41.30	Emgality [LY]

▪ PIZOTIFEN

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

pizotifen 500 microgram tablet, 100

3074T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	23.69	24.99	Sandomigran 0.5 [AE]

▪ ANTIEPILEPTICS

ANTIEPILEPTICS

Barbiturates and derivatives

▪ PHENOBARBITAL (PHENOBARBITONE)

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Epilepsy

phenobarbital (phenobarbitone) 30 mg tablet, 200

1850J

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	4	..	19.27	20.57	Phenobarb [RW]

phenobarbital (phenobarbitone) 200 mg (equivalent to phenobarbital (phenobarbitone) sodium 219 mg)/mL injection, 5 x 1 mL ampoules

2138M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	35.11	36.41	Phenobarbitone Injection (Aspen Pharmacare Australia Pty Ltd) [AS]

▪ PRIMIDONE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

primidone 250 mg tablet, 100

11883K

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*87.46	41.30	APO-Primidone [LM]

primidone 250 mg tablet, 200

1939C

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	68.98	41.30	Mysoline [LM]

Hydantoin derivatives

▪ PHENYTOIN

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

phenytoin 30 mg/5 mL oral liquid, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2692Q NP	‡1	3	..	31.80	33.10	Dilantin [UJ]

phenytoin 50 mg chewable tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1249R NP	1	2	..	79.17	41.30	Dilantin Infatabs [UJ]

phenytoin sodium 30 mg capsule, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1873N NP	1	2	..	51.65	41.30	Dilantin Sodium [UJ]

phenytoin sodium 100 mg capsule, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1874P NP	1	2	..	32.40	33.70	Dilantin Sodium [UJ]

Succinimide derivatives

▪ ETHOSUXIMIDE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

ethosuximide 250 mg/5 mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1414K NP	‡1	5	..	72.67	41.30	Zarontin [IX]

▪ ETHOSUXIMIDE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Pharmaceutical benefits that have the form ethosuximide 250 mg capsule, 200 and pharmaceutical benefits that have the form ethosuximide 250 mg capsule, 100 are equivalent for the purposes of substitution.

ethosuximide 250 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11703Y NP	2	2	..	*294.94	41.30	[a] Zarontin [IX]

ethosuximide 250 mg capsule, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1413J NP	1	2	..	294.94	41.30	[a] Zarontin [IX]

Benzodiazepine derivatives

▪ CLONAZEPAM

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Epilepsy

clonazepam 1 mg/mL injection [5 x 1 mL ampoules] (&) inert substance diluent [5 x 1 mL ampoules], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1807D NP	1	..	..	22.65	23.95	Rivotril [PB]

▪ CLONAZEPAM

Caution Abuse of clonazepam has been reported. Refer to the current product information.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Epilepsy

Clinical criteria:

- The condition must be neurologically proven.

clonazepam 2.5 mg/mL (0.1 mg/drop) oral liquid, 10 mL

1808E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*19.58	20.88	Rivotril [PB]

NP

clonazepam 2 mg tablet, 100

1806C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*33.50	34.80	Paxam 2 [AF]

NP

▪ CLONAZEPAM

Caution Abuse of clonazepam has been reported. Refer to the current product information.

Note Pharmaceutical benefits that have form pack size clonazepam 500 microgram tablet, 100 and clonazepam 500 microgram tablet, 50 are equivalent for the purposes of substitution.

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Epilepsy

Clinical criteria:

- The condition must be neurologically proven.

clonazepam 500 microgram tablet, 50

11559J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	2	[B]3.68	*27.18	24.80	[a] Rivotril [PB]

NP

clonazepam 500 microgram tablet, 100

1805B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*23.48	24.78	[a] Paxam 0.5 [AF]

NP

▪ NITRAZEPAM

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Myoclonic epilepsy

Authority required

Malignant neoplasia (late stage)

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care, **AND**
- Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

nitrazepam 5 mg tablet, 25

2732T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*16.50	17.80	[a] Alodorm [AF]	[a] Mogadon [IL]

NP

Carboxamide derivatives

▪ CARBAMAZEPINE

carbamazepine 100 mg/5 mL oral liquid, 300 mL

5041H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	25.06	26.36	Tegretol Liquid [NV]

DP

carbamazepine 200 mg modified release tablet, 200

5038E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	32.13	33.43	Tegretol CR 200 [NV]

DP

carbamazepine 400 mg modified release tablet, 200

5037D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	50.19	41.30	Tegretol CR 400 [NV]

DP

carbamazepine 200 mg tablet, 100

1724R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*31.72	33.02	[a] Carbamazepine Sandoz [SZ]
		[B]2.96	*34.68	33.02	[a] Tegretol 200 [NV]

DP

carbamazepine 100 mg tablet, 100

5039F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*23.84	25.14	[a] Carbamazepine Sandoz [SZ]
		[B]3.00	*26.84	25.14	[a] Tegretol 100 [NV]

DP

▪ CARBAMAZEPINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

carbamazepine 100 mg/5 mL oral liquid, 300 mL

2427R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	25.06	26.36	Tegretol Liquid [NV]

NP

carbamazepine 200 mg modified release tablet, 200

2426Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	32.13	33.43	Tegretol CR 200 [NV]

NP

carbamazepine 400 mg modified release tablet, 200

2431Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	50.19	41.30	Tegretol CR 400 [NV]

NP

carbamazepine 200 mg tablet, 100

1706T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*31.72	33.02	[a] Carbamazepine Sandoz [SZ]
		[B]2.96	*34.68	33.02	[a] Tegretol 200 [NV]

NP

carbamazepine 100 mg tablet, 100

2422L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*23.84	25.14	[a] Carbamazepine Sandoz [SZ]
		[B]3.00	*26.84	25.14	[a] Tegretol 100 [NV]

NP

▪ OXCARBAZEPINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5183

Seizures

Clinical criteria:

- Patient must have partial epileptic seizures; OR
- Patient must have primary generalised tonic-clonic seizures, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs.

oxcarbazepine 60 mg/mL oral liquid, 250 mL

8588B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*109.32	41.30	Trileptal [NV]

NP

oxcarbazepine 600 mg tablet, 100

8586X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	147.84	41.30	Trileptal [NV]

oxcarbazepine 300 mg tablet, 100

8585W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	92.31	41.30	Trileptal [NV]

oxcarbazepine 150 mg tablet, 100

8584T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	60.70	41.30	Trileptal [NV]

Fatty acid derivatives

▪ TIAGABINE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
4928
Partial epileptic seizures
Clinical criteria:

- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs.

tiagabine 10 mg tablet, 50

8222R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	..	*109.86	41.30	Gabitril [TB]

tiagabine 15 mg tablet, 50

8223T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	..	*154.76	41.30	Gabitril [TB]

tiagabine 5 mg tablet, 50

8221Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	5	..	*60.96	41.30	Gabitril [TB]

▪ VALPROATE

Caution There are reports of fatal hepatotoxicity, particularly in children.
There is increasing evidence of dose-related teratogenesis from this drug.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

valproate sodium 500 mg enteric tablet, 100

2290M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	..	*35.32	36.62	[a] Sodium Valproate Sandoz [SZ] [a] Valproate Winthrop EC 500 [WA]	[a] Valprease 500 [RW] [a] Valpro EC 500 [AF]
			[B]2.00	*37.32	36.62	[a] Epilim EC [SW]	

valproate sodium 100 mg tablet, 100

2294R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	..	*34.32	35.62	Epilim [SW]

valproate sodium 200 mg enteric tablet, 100

2289L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	2	..	*23.82	25.12	[a] Sodium Valproate Sandoz [SZ] [a] Valproate Winthrop EC 200 [WA]	[a] Valprease 200 [RW] [a] Valpro EC 200 [AF]
			[B]2.00	*25.82	25.12	[a] Epilim EC [SW]	

valproate sodium 200 mg/5 mL oral liquid, 300 mL

2293Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	2	..	*40.04	41.30	Epilim Liquid [SW]

valproate sodium 200 mg/5 mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2295T NP	2	2	..	*40.04	41.30	Epilim Syrup [SW]

▪ VIGABATRIN

Caution Visual field defects have been reported with this drug.

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4929

Epileptic seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs.

vigabatrin 500 mg powder for oral liquid, 60 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2668K NP	1	5	..	65.79	41.30	Sabril [SW]

vigabatrin 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2667J NP	1	5	..	95.04	41.30	Sabril [SW]

Other antiepileptics

▪ BRIVARACETAM

Authority required (STREAMLINED)

10210

Intractable partial epileptic seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, which includes at least one first-line anti-epileptic agent and at least two second-line adjunctive anti-epileptic agents, **AND**
- The treatment must not be given concomitantly with levetiracetam, except for cross titration.

brivaracetam 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11339T	1	5	..	163.75	41.30	Briviact [UC]

brivaracetam 75 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11356Q	1	5	..	163.75	41.30	Briviact [UC]

brivaracetam 50 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11334M	1	5	..	163.75	41.30	Briviact [UC]

brivaracetam 25 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11328F	1	5	..	163.75	41.30	Briviact [UC]

▪ BRIVARACETAM

Authority required (STREAMLINED)

10251

Intractable partial epileptic seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, which includes at least one first-line anti-epileptic agent and at least two second-line adjunctive anti-epileptic agents, **AND**

- Patient must be unable to take a solid dose form of this drug, **AND**
- The treatment must not be given concomitantly with levetiracetam, except for cross titration.

brivaracetam 10 mg/mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11349H	1	5	..	202.91	41.30	Briviact [UC]

▪ BRIVARACETAM

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

10208

Intractable partial epileptic seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been treated with PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must not be given concomitantly with levetiracetam.

brivaracetam 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11357R NP	1	5	..	163.75	41.30	Briviact [UC]

brivaracetam 75 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11350J NP	1	5	..	163.75	41.30	Briviact [UC]

brivaracetam 50 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11338R NP	1	5	..	163.75	41.30	Briviact [UC]

brivaracetam 25 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11327E NP	1	5	..	163.75	41.30	Briviact [UC]

▪ BRIVARACETAM

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

10330

Intractable partial epileptic seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously been treated with PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be unable to take a solid dose form of this drug, **AND**
- The treatment must not be given concomitantly with levetiracetam.

brivaracetam 10 mg/mL oral liquid, 300 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11358T NP	1	5	..	202.91	41.30	Briviact [UC]

▪ CANNABIDIOL

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Requests for increased quantities may be sought based on daily doses not exceeding 20 mg/kg/day (in line with the Product Information) for up to 4 weeks per dispensing.

Note PBS-subsidy does not currently include Lennox-Gastaut syndrome

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Severe myoclonic epilepsy in infancy (Dravet syndrome)

Clinical criteria:

- Patient must have (as an initiating patient)/have had (as a continuing patient), generalised tonic-clonic seizures or generalised clonic seizures that are not adequately controlled with at least two other anti-epileptic drugs, **AND**

- The treatment must be as adjunctive therapy to at least two other anti-epileptic drugs.

Treatment criteria:

- Must be treated by a neurologist if treatment is being initiated; OR
- Must be treated by a neurologist if treatment is being continued or re-initiated; OR
- Must be treated by a paediatrician in consultation with a neurologist if treatment is being continued; OR
- Must be treated by a general practitioner in consultation with a neurologist if treatment is being continued.

cannabidiol 100 mg/mL oral liquid, 100 mL

12467E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	2006.43	41.30	Epidyolex [EU]

▪ GABAPENTIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4928

Partial epileptic seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs.

gabapentin 600 mg tablet, 100

8559L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	41.30	41.30	[a] APO-Gabapentin [TX] [a] Gabapentin APOTEX [TY] [a] GAPENTIN [RF] [a] Pharmacor Gabapentin 600 [CR]	[a] Gabapentin AN [EA] [a] Gabapentin Aspen 600 [RW] [a] Neurontin [UJ]

gabapentin 300 mg capsule, 100

1834M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	25.58	26.88	[a] APO-Gabapentin [TX] [a] Gabacor [CR] [a] Gabapentin Aspen 300 [RW] [a] Gabapentin Sandoz [SZ] [a] Neurontin [UJ]	[a] APX-Gabapentin [GX] [a] Gabapentin APOTEX [TY] [a] Gabapentin generichealth [HQ] [a] GAPENTIN [RF] [a] Nupentin 300 [AF]

gabapentin 800 mg tablet, 100

8389M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	51.05	41.30	[a] APO-Gabapentin [TX] [a] Gabapentin Aspen 800 [RW] [a] Neurontin [UJ]	[a] Gabapentin APOTEX [TY] [a] GAPENTIN [RF] [a] Pharmacor Gabapentin 800 [CR]

gabapentin 100 mg capsule, 100

8505P

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	16.25	17.55	[a] APO-Gabapentin [TX] [a] Gabacor [CR] [a] Gabapentin Aspen 100 [RW] [a] Neurontin [UJ]	[a] APX-Gabapentin [GX] [a] Gabapentin APOTEX [TY] [a] GAPENTIN [RF] [a] Nupentin 100 [AF]

gabapentin 400 mg capsule, 100

1835N

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	30.49	31.79	[a] APO-Gabapentin [TX] [a] Gabacor [CR] [a] Gabapentin Aspen 400 [RW] [a] Gabapentin Sandoz [SZ] [a] Neurontin [UJ]	[a] APX-Gabapentin [GX] [a] Gabapentin APOTEX [TY] [a] Gabapentin generichealth [HQ] [a] GAPENTIN [RF] [a] Nupentin 400 [AF]

▪ LACOSAMIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

8813

Intractable partial epileptic seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, which includes at least one first-line anti-epileptic agent and at least two second-line adjunctive anti-epileptic agents, **AND**
- The treatment must be for dose titration purposes.

lacosamide 50 mg tablet, 14

9333F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	29.65	30.95	Vimpat [UC]

lacosamide 100 mg tablet, 14

9334G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	47.22	41.30	Vimpat [UC]

lacosamide 150 mg tablet, 14

9336J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	64.80	41.30	Vimpat [UC]

▪ LACOSAMIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

8815

Intractable partial epileptic seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

lacosamide 50 mg tablet, 14

10293R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*82.38	41.30	Vimpat [UC]

▪ LACOSAMIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

8770

Intractable partial epileptic seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, which includes at least one first-line anti-epileptic agent and at least two second-line adjunctive anti-epileptic agents.

Authority required (STREAMLINED)

8815

Intractable partial epileptic seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

lacosamide 100 mg tablet, 56

9335H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	154.66	41.30	Vimpat [UC]

▪ LACOSAMIDE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required (STREAMLINED)

12225

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Treatment Phase: Dose titration at the start of therapy, during therapy or to gradually cease treatment

Treatment criteria:

- Must be treated by a neurologist; OR
- Must be treated by a paediatrician.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two anti-epileptic drugs prior to when the drug is/was first commenced, **AND**
- The treatment must be (for initiating treatment)/have been (for continuing treatment) in combination with at least one PBS-subsidised anti-epileptic drug at the time the drug is/was first commenced, **AND**
- The treatment must be for dose titration purposes.

lacosamide 100 mg tablet, 14

12633X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	47.22	41.30	Vimpat [UC]

lacosamide 150 mg tablet, 14

12649R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	64.80	41.30	Vimpat [UC]

▪ LACOSAMIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum number of repeats may be authorised.

Note Requests for increases in the maximum quantity (packs) up to 3 times that stated may be authorised.

Authority required (STREAMLINED)

12092

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Treatment criteria:

- Must be treated by a neurologist; OR
- Must be treated by a paediatrician, **AND**
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two anti-epileptic drugs prior to when the drug is/was first commenced, **AND**
- The treatment must be (for initiating treatment)/have been (for continuing treatment) in combination with at least one PBS-subsidised anti-epileptic drug at the time the drug is/was first commenced.

lacosamide 10 mg/mL oral liquid, 200 mL

12628P

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*123.84	41.30	Vimpat [UC]

▪ LACOSAMIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum quantity or number of units may be authorised.

Authority required (STREAMLINED)

8770

Intractable partial epileptic seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, which includes at least one first-line anti-epileptic agent and at least two second-line adjunctive anti-epileptic agents.

Authority required (STREAMLINED)

8815

Intractable partial epileptic seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

lacosamide 200 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9338L NP	1	5	..	302.25	41.30	Vimpat [UC]

lacosamide 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9337K NP	1	5	..	228.49	41.30	Vimpat [UC]

lacosamide 10 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11694L NP	‡6	5	..	*357.34	41.30	Vimpat [UC]

▪ LACOSAMIDE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note For dose titration involving the 100 mg or 150 mg strength, refer to the dose titration listing for these strengths with pack sizes of 14 units. Avoid prescribing a 'broken' quantity under this listing**.**

Authority required (STREAMLINED)

12092

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Treatment criteria:

- Must be treated by a neurologist; OR
- Must be treated by a paediatrician, **AND**
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two anti-epileptic drugs prior to when the drug is/was first commenced, **AND**
- The treatment must be (for initiating treatment)/have been (for continuing treatment) in combination with at least one PBS-subsidised anti-epileptic drug at the time the drug is/was first commenced.

lacosamide 50 mg tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12626M NP	4	5	..	*82.38	41.30	Vimpat [UC]

▪ LACOSAMIDE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note For dose titration involving the 100 mg or 150 mg strength, refer to the dose titration listing for these strengths with pack sizes of 14 units. Avoid prescribing a 'broken' quantity under this listing**.**

Authority required (STREAMLINED)

12092

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Treatment criteria:

- Must be treated by a neurologist; OR
- Must be treated by a paediatrician, **AND**
- Must be treated by an eligible practitioner type who has consulted at least one of the above mentioned specialist types, with agreement reached that the patient should be treated with this pharmaceutical benefit on this occasion.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two anti-epileptic drugs prior to when the drug is/was first commenced, **AND**
- The treatment must be (for initiating treatment)/have been (for continuing treatment) in combination with at least one PBS-subsidised anti-epileptic drug at the time the drug is/was first commenced.

lacosamide 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12634Y NP	1	5	..	154.66	41.30	Vimpat [UC]

lacosamide 200 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12658F NP	1	5	..	302.25	41.30	Vimpat [UC]

lacosamide 150 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12627N NP	1	5	..	228.49	41.30	Vimpat [UC]

▪ LAMOTRIGINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

11081

Epileptic seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs; OR
- Patient must be a woman of childbearing potential.

lamotrigine 100 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2850B NP	1	5	..	27.53	28.83	[a] APO-Lamotrigine [TX]	[a] APX-Lamotrigine [TY]
						[a] LAMITAN [RF]	[a] Lamotrigine Aspen 100 [RW]
						[a] Lamotrigine GH [GQ]	[a] Lamotrigine Sandoz [SZ]
						[a] Logem [AL]	[a] NOUMED LAMOTRIGINE [VO]
						[a] Reedos 100 [ZS]	[a] Sandoz Lamotrigine [HX]
			[B]1.51	29.04	28.83	[a] Lamictal [AS]	

lamotrigine 50 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2849Y NP	1	5	..	21.36	22.66	[a] APO-Lamotrigine [TX]	[a] APX-Lamotrigine [TY]
						[a] LAMITAN [RF]	[a] Lamotrigine Aspen 50 [RW]
						[a] Lamotrigine GH [GQ]	[a] Lamotrigine Sandoz [SZ]
						[a] Logem [AL]	[a] NOUMED LAMOTRIGINE [VO]
						[a] Reedos 50 [ZS]	[a] Sandoz Lamotrigine [HX]
			[B]1.44	22.80	22.66	[a] Lamictal [AS]	

lamotrigine 5 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8063J NP	1	5	..	18.40	19.70	[a] Lamictal [AS]	[a] Lamotrigine Aspen 5 [RW]

lamotrigine 25 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2848X NP	1	5	..	17.67	18.97	[a] APO-Lamotrigine [TX]	[a] APX-Lamotrigine [TY]
						[a] LAMITAN [RF]	[a] Lamotrigine Aspen 25 [RW]
						[a] Lamotrigine GH [GQ]	[a] Lamotrigine Sandoz [SZ]
						[a] Logem [AL]	[a] NOUMED LAMOTRIGINE [VO]
						[a] Reedos 25 [ZS]	[a] Sandoz Lamotrigine [HX]
			[B]1.59	19.26	18.97	[a] Lamictal [AS]	

lamotrigine 200 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2851C NP	1	5	..	38.05	39.35	[a] APO-Lamotrigine [TX]	[a] APX-Lamotrigine [TY]
						[a] LAMITAN [RF]	[a] Lamotrigine Aspen 200 [RW]
						[a] Lamotrigine GH [GQ]	[a] Lamotrigine Sandoz [SZ]
						[a] Logem [AL]	[a] NOUMED LAMOTRIGINE [VO]
						[a] Reedos 200 [ZS]	[a] Sandoz Lamotrigine [HX]
			[B]1.49	39.54	39.35	[a] Lamictal [AS]	

▪ LEVETIRACETAM

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

11116
Partial epileptic seizures
Clinical criteria:
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs; OR
- Patient must be a woman of childbearing potential, **AND**
- The treatment must not be given concomitantly with brivaracetam, except for cross titration.

levetiracetam 500 mg tablet, 60

8655M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	31.28	32.58	[a] APO-Levetiracetam [TX] [a] Kevtam 500 [AF] [a] Levecetam 500 [RZ] [a] Levetiracetam Mylan [AL] [a] Levi 500 [RW]	[a] Keppra [UC] [a] Levactam [ZS] [a] Levetiracetam GH [GQ] [a] Levetiracetam SZ [SZ] [a] NOUMED LEVETIRACETAM [VO]

levetiracetam 1 g tablet, 60

8656N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	44.08	41.30	[a] APO-Levetiracetam [TX] [a] Kevtam 1000 [AF] [a] Levecetam 1000 [RZ] [a] Levetiracetam Mylan [AL] [a] Levi 1000 [RW]	[a] Keppra [UC] [a] Levactam [ZS] [a] Levetiracetam GH [GQ] [a] Levetiracetam SZ [SZ] [a] NOUMED LEVETIRACETAM [VO]

levetiracetam 250 mg tablet, 60

8654L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	23.61	24.91	[a] APO-Levetiracetam [TX] [a] Kevtam 250 [AF] [a] Levecetam 250 [RZ] [a] Levetiracetam Mylan [AL] [a] Levi 250 [RW]	[a] Keppra [UC] [a] Levactam [ZS] [a] Levetiracetam GH [GQ] [a] Levetiracetam SZ [SZ] [a] NOUMED LEVETIRACETAM [VO]

▪ LEVETIRACETAM

Note Continuing Therapy Only:
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Authority required (STREAMLINED)
11077
Partial epileptic seizures
Clinical criteria:
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs; OR
- Patient must be a woman of childbearing potential, **AND**
- Patient must be unable to take a solid dose form of levetiracetam, **AND**
- The treatment must not be given concomitantly with brivaracetam, except for cross titration.

levetiracetam 100 mg/mL oral liquid, 300 mL

9169N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	74.44	41.30	[a] APO-Levetiracetam [TX] [a] Kerron [ZS] [a] Levetiracetam GH [GQ]	[a] Keppra [UC] [a] Levetiracetam-AFT [AE]

▪ PERAMPANEL

Authority required (STREAMLINED)
4656
Intractable partial epileptic seizures
Treatment Phase: Initial
Clinical criteria:
- The treatment must be in combination with two or more anti-epileptic drugs which includes one second-line adjunctive agent, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, which includes at least one first-line anti-epileptic agent and at least two second-line adjunctive anti-epileptic agents.

Treatment criteria:
- Must be treated by a neurologist.

perampanel 2 mg tablet, 7

10157N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*47.22	41.30	Fycompa [EI]

▪ PERAMPANEL

Note Continuing Therapy Only:
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Authority required (STREAMLINED)

4658

Intractable partial epileptic seizures

Treatment Phase: Continuing

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug.

perampanel 6 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10163X NP	1	5	..	228.48	41.30	Fycompa [EI]

perampanel 12 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10159Q NP	1	5	..	302.25	41.30	Fycompa [EI]

perampanel 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10151G NP	1	5	..	302.25	41.30	Fycompa [EI]

perampanel 4 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10162W NP	1	5	..	154.68	41.30	Fycompa [EI]

perampanel 8 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10160R NP	1	5	..	302.25	41.30	Fycompa [EI]

▪ PERAMPANEL

Note No applications for increased maximum quantities will be authorised.

Authority required (STREAMLINED)

7815

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a neurologist.

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by at least two anti-epileptic drugs, **AND**
- The treatment must be in combination with at least one PBS-subsidised anti-epileptic drug, **AND**
- The treatment must be for dose titration purposes.

Population criteria:

- Patient must be aged 12 years or older.

perampanel 2 mg tablet, 7

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11436X	2	1	..	*47.22	41.30	Fycompa [EI]

▪ PERAMPANEL

Note No applications for increased maximum quantities will be authorised.

Note Special Pricing Arrangements apply.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7789

Idiopathic generalised epilepsy with primary generalised tonic-clonic seizures

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

Population criteria:

- Patient must be aged 12 years or older.

perampanel 6 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11407J NP	1	2	..	228.48	41.30	Fycompa [EI]

perampanel 12 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11409L NP	1	5	..	302.25	41.30	Fycompa [EI]

perampanel 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11428L NP	1	5	..	302.25	41.30	Fycompa [EI]

perampanel 4 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11418Y NP	1	2	..	154.68	41.30	Fycompa [EI]

perampanel 8 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11429M NP	1	5	..	302.25	41.30	Fycompa [EI]

▪ STIRIPENTOL

Authority required (STREAMLINED)

11642

Severe myoclonic epilepsy in infancy (Dravet syndrome)

Clinical criteria:

- Patient must have (as an initiating patient)/have had (as a continuing patient), generalised tonic-clonic seizures or generalised clonic seizures that are not adequately controlled with at least two other anti-epileptic drugs, **AND**
- The treatment must be as adjunctive therapy to at least two other anti-epileptic drugs.

Treatment criteria:

- Must be treated by a neurologist if treatment is being initiated; OR
- Must be treated by a neurologist if treatment is being continued or re-initiated; OR
- Must be treated by a paediatrician in consultation with a neurologist if treatment is being continued; OR
- Must be treated by a general practitioner in consultation with a neurologist if treatment is being continued.

stiripentol 500 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12107F	2	3	..	*1294.52	41.30	Diacomit [EU]

stiripentol 250 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12103B	2	3	..	*668.64	41.30	Diacomit [EU]

stiripentol 500 mg powder for oral liquid, 60 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12088F	2	3	..	*1294.52	41.30	Diacomit [EU]

stiripentol 250 mg powder for oral liquid, 60 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12106E	2	3	..	*668.64	41.30	Diacomit [EU]

▪ SULTHIAME

Note Continuing Therapy Only:
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sulthiame 200 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2100M NP	1	2	..	161.94	41.30	Ospolot [FF]

sulthiame 50 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2099L NP	1	2	..	68.24	41.30	Ospolot [FF]

▪ TOPIRAMATE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a

patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5516

Seizures

Clinical criteria:

- Patient must have partial epileptic seizures; OR
- Patient must have primary generalised tonic-clonic seizures; OR
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs.

topiramate 200 mg tablet, 60

8166T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	41.47	41.30	[a] APO-Topiramate [TX]	[a] Epiramax 200 [RW]
					[a] RBX Topiramate [RA]	[a] Tamate [AF]
					[a] Topamax [JC]	[a] Topiramate Sandoz [SZ]

▪ TOPIRAMATE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

5173

Seizures

Clinical criteria:

- Patient must have partial epileptic seizures; OR
- Patient must have primary generalised tonic-clonic seizures; OR
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs, **AND**
- Patient must be unable to take a solid dose form of topiramate.

topiramate 50 mg capsule, 60

8520K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	27.61	28.91	Topamax Sprinkle [JC]

topiramate 15 mg capsule, 60

8371N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	23.39	24.69	Topamax Sprinkle [JC]

topiramate 25 mg capsule, 60

8372P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	21.39	22.69	Topamax Sprinkle [JC]

▪ TOPIRAMATE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

5516

Seizures

Clinical criteria:

- Patient must have partial epileptic seizures; OR
- Patient must have primary generalised tonic-clonic seizures; OR
- Patient must have seizures of the Lennox-Gastaut syndrome, **AND**
- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs.

Authority required (STREAMLINED)

5325

Migraine

Clinical criteria:

- The treatment must be for prophylaxis, **AND**
- Patient must have experienced an average of 3 or more migraines per month over a period of at least 6 months, **AND**
- Patient must have a contraindication to beta-blockers, as described in the relevant TGA-approved Product Information; OR
- Patient must have experienced intolerance of a severity necessitating permanent withdrawal during treatment with a beta-blocker, **AND**

- Patient must have a contraindication to pizotifen because the weight gain associated with this drug poses an unacceptable risk; OR
- Patient must have experienced intolerance of a severity necessitating permanent withdrawal during treatment with pizotifen.

Details of the contraindication and/or intolerance(s) must be documented in the patient's medical records when treatment is initiated.

topiramate 100 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8165R NP	1	5	..	29.57	30.87	[a] APO-Topiramate [TX] [a] RBX Topiramate [RA] [a] Topamax [JC]	[a] Epiramax 100 [RW] [a] Tamate [AF] [a] Topiramate Sandoz [SZ]

topiramate 25 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8163P NP	1	5	..	18.85	20.15	[a] APO-Topiramate [TX] [a] RBX Topiramate [RA] [a] Topamax [JC]	[a] Epiramax 25 [RW] [a] Tamate [AF] [a] Topiramate Sandoz [SZ]

topiramate 50 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8164Q NP	1	5	..	23.20	24.50	[a] APO-Topiramate [TX] [a] RBX Topiramate [RA] [a] Topamax [JC]	[a] Epiramax 50 [RW] [a] Tamate [AF] [a] Topiramate Sandoz [SZ]

▪ ZONISAMIDE

Note Continuing Therapy Only:

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Authority required (STREAMLINED)

4928

Partial epileptic seizures

Clinical criteria:

- The condition must have failed to be controlled satisfactorily by other anti-epileptic drugs.

zonisamide 25 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9388D NP	1	5	..	23.44	24.74	[a] APO-Zonisamide [TX]	[a] Zonegran [EI]

zonisamide 100 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9390F NP	2	5	..	*75.22	41.30	[a] APO-Zonisamide [TX]	[a] Zonegran [EI]

zonisamide 50 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9389E NP	1	5	..	31.03	32.33	[a] APO-Zonisamide [TX]	[a] Zonegran [EI]

▪ ANTI-PARKINSON DRUGS

ANTICHOLINERGIC AGENTS

Tertiary amines

▪ TRIHEXYPHENIDYL (BENZHEXOL)

trihexyphenidyl (benzhexol) hydrochloride 5 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1110K NP	1	1	..	23.54	24.84	Artane [RW]

trihexyphenidyl (benzhexol) hydrochloride 2 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1109J NP	1	2	..	18.71	20.01	Artane [RW]

Ethers of tropine or tropine derivatives

▪ BENZATROPINE

benzatropine mesilate 2 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2362H NP	1	2	..	18.23	19.53	Benztrop [FF]

benzatropine mesilate 2 mg/2 mL injection, 5 x 2 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11249C DP	1	..	..	117.23	41.30	Benzatropine Injection [FF]

benzatropine mesilate 2 mg/2 mL injection, 5 x 2 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11255J NP	1	..	..	117.23	41.30	Benzatropine Injection [FF]

DOPAMINERGIC AGENTS

Dopa and dopa derivatives

▪ LEVODOPA + BENSERAZIDE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

levodopa 100 mg + benserazide 25 mg dispersible tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8219N NP	1	5	..	35.04	36.34	Madopar Rapid 125 [RO]

levodopa 200 mg + benserazide 50 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2226E NP	1	5	..	43.83	41.30	Madopar [RO]

levodopa 100 mg + benserazide 25 mg modified release capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2231K NP	1	5	..	37.33	38.63	Madopar HBS [RO]

levodopa 50 mg + benserazide 12.5 mg dispersible tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8218M NP	1	5	..	23.79	25.09	Madopar Rapid 62.5 [RO]

levodopa 50 mg + benserazide 12.5 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2227F NP	1	5	..	23.79	25.09	Madopar 62.5 [RO]

levodopa 100 mg + benserazide 25 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2225D NP	1	5	..	35.04	36.34	Madopar 125 [RO]

levodopa 100 mg + benserazide 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2229H NP	1	5	..	35.04	36.34	Madopar 125 [RO]

levodopa 200 mg + benserazide 50 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2228G NP	1	5	..	43.83	41.30	Madopar [RO]

▪ LEVODOPA + CARBIDOPA

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

levodopa 250 mg + carbidopa 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1245M NP	1	5	..	37.71	39.01	[a] APO-Levodopa/Carbidopa [TX] [a] Sinemet [AL]	[a] SINADOPA 250/25 [RW]

levodopa 100 mg + carbidopa 25 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1242J NP	1	5	..	32.86	34.16	[a] APO-Levodopa/Carbidopa [TX] [a] SINADOPA 100/25 [RW]	[a] Kinson [AF] [a] Sinemet 100/25 [AL]

▪ LEVODOPA + CARBIDOPA

Note Pharmaceutical benefits that have the form levodopa 200 mg + carbidopa 50 mg modified release tablet, 100 and pharmaceutical benefits that have the form levodopa 200 mg + carbidopa 50 mg modified release tablet, 60 are equivalent for the purposes of substitution.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Parkinson disease
Clinical criteria:
- The condition must be one in which fluctuations in motor function are not adequately controlled by frequent dosing with conventional formulations of levodopa with decarboxylase inhibitor.

levodopa 200 mg + carbidopa 50 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1255C NP	1	5	..	67.94	41.30	[a] Sinemet CR [AL]

levodopa 200 mg + carbidopa 50 mg modified release tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11890T NP	1.67	5	..	*72.98	41.30	[a] Sinemet CR Prolonged-Release Tablets [OQ]

▪ LEVODOPA + CARBIDOPA

Note Special Pricing Arrangements apply.
Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.
Note Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

Authority required (STREAMLINED)
10197
Advanced Parkinson disease
Treatment Phase: Maintenance therapy
Clinical criteria:
- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy, **AND**
- Patient must have been commenced on treatment in a hospital-based movement disorder clinic.

levodopa 20 mg/mL + carbidopa monohydrate 5 mg/mL intestinal gel, 7 x 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11919H NP	4	5	..	*5902.18	41.30	Duodopa [VE]

▪ LEVODOPA + CARBIDOPA

Note Special Pricing Arrangements apply.
Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.
Note Patients should have adequate cognitive function to manage administration with a portable continuous infusion pump.

Authority required (STREAMLINED)
10386
Advanced Parkinson disease
Treatment Phase: Maintenance therapy
Clinical criteria:
- Patient must have severe disabling motor fluctuations not adequately controlled by oral therapy, **AND**
- Patient must have been commenced on treatment in a hospital-based movement disorder clinic, **AND**
- Patient must require continuous administration of levodopa without an overnight break; OR
- Patient must require a total daily dose of more than 2000 mg of levodopa.

levodopa 20 mg/mL + carbidopa monohydrate 5 mg/mL intestinal gel, 7 x 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8970D NP	8	5	..	*11697.22	41.30	Duodopa [VE]

▪ LEVODOPA + CARBIDOPA + ENTACAPONE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Parkinson disease
Clinical criteria:
- Patient must be being treated with levodopa decarboxylase inhibitor combinations, **AND**

- Patient must be experiencing fluctuations in motor function due to end-of-dose effect.

Restricted benefit

Parkinson disease

Clinical criteria:

- Patient must be stabilised on concomitant treatment with levodopa decarboxylase inhibitor combinations and entacapone.

levodopa 50 mg + carbidopa 12.5 mg + entacapone 200 mg tablet, 100

8797B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	4	..	*233.46	41.30	[a] Carlevent [TX] [a] Lecteva [TB] [a] TRIDOPA [TD]	[a] L.C.E. Sandoz [HX] [a] Stalevo 50/12.5/200mg [SZ]

levodopa 75 mg + carbidopa 18.75 mg + entacapone 200 mg tablet, 100

9344T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	4	..	*243.88	41.30	[a] Carlevent [TX] [a] Lecteva [TB] [a] TRIDOPA [TD]	[a] L.C.E. Sandoz [HX] [a] Stalevo 75/18.75/200mg [SZ]

levodopa 100 mg + carbidopa 25 mg + entacapone 200 mg tablet, 100

8798C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	4	..	*257.12	41.30	[a] Carlevent [TX] [a] Lecteva [TB] [a] TRIDOPA [TD]	[a] L.C.E. Sandoz [HX] [a] Stalevo 100/25/200mg [SZ]

levodopa 125 mg + carbidopa 31.25 mg + entacapone 200 mg tablet, 100

9345W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	4	..	*266.60	41.30	[a] Carlevent [TX] [a] Lecteva [TB] [a] TRIDOPA [TD]	[a] L.C.E. Sandoz [HX] [a] Stalevo 125/31.25/200mg [SZ]

levodopa 150 mg + carbidopa 37.5 mg + entacapone 200 mg tablet, 100

8799D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	4	..	*280.80	41.30	[a] Carlevent [TX] [a] Lecteva [TB] [a] TRIDOPA [TD]	[a] L.C.E. Sandoz [HX] [a] Stalevo 150/37.5/200mg [SZ]

levodopa 200 mg + carbidopa 50 mg + entacapone 200 mg tablet, 100

9292C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	4	..	*302.56	41.30	[a] Carlevent [TX] [a] Lecteva [TB] [a] TRIDOPA [TD]	[a] L.C.E. Sandoz [HX] [a] Stalevo 200/50/200mg [SZ]

Adamantane derivatives

▪ AMANTADINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Parkinson disease

Clinical criteria:

- The condition must not be drug induced.

amantadine hydrochloride 100 mg capsule, 100

3016R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	39.20	40.50	Symmetrel 100 [NV]

Dopamine agonists

▪ APOMORPHINE

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

10844

Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy, **AND**
- Patient must have been commenced on treatment in a specialist unit in a hospital setting.

apomorphine hydrochloride hemihydrate 50 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12306Q NP	36	5	..	*8178.34	41.30	Movapo [TD]

apomorphine hydrochloride hemihydrate 100 mg/20 mL injection, 5 x 20 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12142C NP	18	5	..	*7588.66	41.30	Apomine Solution for Infusion [PF]

apomorphine hydrochloride hemihydrate 20 mg/2 mL injection, 5 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12320K NP	72	5	..	*6530.26	41.30	Movapo [TD]

apomorphine hydrochloride hemihydrate 50 mg/10 mL injection, 5 x 10 mL syringes

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12319J NP	36	5	..	*8178.34	41.30	Movapo PFS [TD]

▪ APOMORPHINE

Note No increase in the maximum quantity or number of units may be authorised.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Pharmaceutical benefits that have the form apomorphine injection 30 mg/3 mL pen device and pharmaceutical benefits that have the form apomorphine injection 30 mg/3 mL cartridge are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

10844

Parkinson disease

Treatment Phase: Maintenance therapy

Clinical criteria:

- Patient must have experienced severely disabling motor fluctuations which have not responded to other therapy, **AND**
- Patient must have been commenced on treatment in a specialist unit in a hospital setting.

apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL pen devices

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12137T NP	20	5	..	*2749.38	41.30	[a] Movapo Pen [TD]

apomorphine hydrochloride hemihydrate 30 mg/3 mL injection, 5 x 3 mL cartridges

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12133N NP	20	5	..	*2749.38	41.30	[a] Apomine Intermittent [PF]

▪ BROMOCRIPTINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Restricted benefit

Acromegaly

Restricted benefit

Parkinson disease

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom surgery is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had surgery for this condition with incomplete resolution.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must be one in whom radiotherapy is not indicated.

Restricted benefit

Pathological hyperprolactinaemia

Clinical criteria:

- Patient must have had radiotherapy for this condition with incomplete resolution.

bromocriptine 2.5 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1443Y	2	5	..	*33.82	35.12	Parlodel [SZ]

▪ CABERGOLINE

Caution Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Parkinson disease

cabergoline 1 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8393R NP	1	5	..	60.59	41.30	Cabaser [PF]

cabergoline 2 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8394T NP	1	5	..	77.10	41.30	Cabaser [PF]

▪ PRAMIPEXOLE

Caution Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.
Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Parkinson disease

pramipexole dihydrochloride monohydrate 125 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9151P NP	1	..	..	15.03	16.33	[a] APO-Pramipexole [TX] [a] Simipex 0.125 [RW]	[a] Sifrol [BY] [a] Simpral [AF]

pramipexole dihydrochloride monohydrate 1 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9153R NP	1	5	..	90.13	41.30	[a] APO-Pramipexole [TX] [a] Simipex 1 [RW]	[a] Sifrol [BY] [a] Simpral [AF]

pramipexole dihydrochloride monohydrate 250 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9152Q NP	1	5	..	29.96	31.26	[a] APO-Pramipexole [TX] [a] Simipex 0.25 [RW]	[a] Sifrol [BY] [a] Simpral [AF]

▪ PRAMIPEXOLE

Caution Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.
Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Parkinson disease

pramipexole dihydrochloride monohydrate 4.5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3422D NP	1	5	..	112.02	41.30	[a] APO-Pramipexole ER [TX] [a] Sifrol ER [BY]	[a] Pramipexole XR GP [AF] [a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 375 microgram modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3418X NP	1	5	..	19.84	21.14	[a] APO-Pramipexole ER [TX] [a] Sifrol ER [BY]	[a] Pramipexole XR GP [AF] [a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 3.75 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5145T NP	1	5	..	93.97	41.30	[a] APO-Pramipexole ER [TX] [a] Sifrol ER [BY]	[a] Pramipexole XR GP [AF] [a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 750 microgram modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3419Y NP	1	5	..	27.35	28.65	[a] APO-Pramipexole ER [TX] [a] Sifrol ER [BY]	[a] Pramipexole XR GP [AF] [a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 2.25 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5143Q NP	1	5	..	57.88	41.30	[a] APO-Pramipexole ER [TX] [a] Sifrol ER [BY]	[a] Pramipexole XR GP [AF] [a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 3 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3421C NP	1	5	..	78.71	41.30	[a] APO-Pramipexole ER [TX] [a] Sifrol ER [BY]	[a] Pramipexole XR GP [AF] [a] SIMIPEX XR [RW]

pramipexole dihydrochloride monohydrate 1.5 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3420B NP	1	5	..	42.62	41.30	[a] APO-Pramipexole ER [TX] [a] Sifrol ER [BY]	[a] Pramipexole XR GP [AF] [a] SIMIPEX XR [RW]

▪ PRAMIPEXOLE

Caution Episodes of sudden onset of sleep without warning, during activity, have been reported with this drug.

Care should be taken when treating patients with advanced age and significant cognitive impairment with dopamine agonists.

Note This drug is not PBS-subsidised for Restless Legs Syndrome secondary to other causes

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Primary severe restless legs syndrome

Clinical criteria:

- Patient must manifest all 4 diagnostic criteria for Restless Legs Syndrome, **AND**
- Patient must have a baseline International Restless Legs Syndrome Rating Scale (IRLSRS) score greater than or equal to 21 points prior to initiation of pramipexole.

The date and IRLSRS score must be documented in the patient's medical records at the time pramipexole treatment is initiated.

The diagnostic criteria for Restless Legs Syndrome are:

(a) An urge to move the legs usually accompanied or caused by unpleasant sensations in the legs; and

(b) The urge to move or unpleasant sensations begin or worsen during periods of rest or inactivity such as lying or sitting; and

(c) The urge to move or unpleasant sensations are partially or totally relieved by movement, such as walking or stretching, at least as long as the activity continues; and

(d) The urge to move or unpleasant sensations are worse in the evening or night than during the day or only occur during the evening or night.

pramipexole dihydrochloride monohydrate 125 microgram tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9393J NP	1	2	..	15.03	16.33	Sifrol [BY]

pramipexole dihydrochloride monohydrate 250 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9394K NP	1	2	..	29.96	31.26	Sifrol [BY]

▪ ROTIGOTINE

Restricted benefit

Parkinson disease

Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

rotigotine 4 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2384L	1	5	..	93.64	41.30	Neupro [UC]

rotigotine 8 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11140H	1	5	..	115.15	41.30	Neupro [UC]

rotigotine 6 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2410W	1	5	..	104.63	41.30	Neupro [UC]

▪ ROTIGOTINE

Restricted benefit

Parkinson disease

Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

rotigotine 2 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2385M	1	5	..	73.26	41.30	Neupro [UC]

Monoamine oxidase B inhibitors

▪ RASAGILINE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Parkinson disease

rasagiline 1 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1952R NP	1	5	..	86.68	41.30	[a] Pharmacor Rasagiline [CR] [a] Rasalect [TI]	[a] Rasagiline-Teva [EV] [a] Rasazil [GQ]
			[B]5.37	92.05	41.30	[a] Azilect [TB]	

▪ SAFINAMIDE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Parkinson disease

Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

safinamide 50 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11656L NP	1	5	..	64.43	41.30	Xadago [CS]

safinamide 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11666B NP	1	5	..	117.02	41.30	Xadago [CS]

▪ SELEGILINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Late stage Parkinson disease

Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination.

selegiline hydrochloride 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1973W NP	1	5	..	54.12	41.30	Eldepryl [AS]

Other dopaminergic agents

▪ ENTACAPONE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Parkinson disease

Clinical criteria:

- The treatment must be as adjunctive therapy to a levodopa-decarboxylase inhibitor combination, **AND**

- Patient must be experiencing fluctuations in motor function due to end-of-dose effect.

entacapone 200 mg tablet, 100

8367J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	4	..	*226.62	41.30	Comtan [SZ]

NP

▪ PSYCHOLEPTICS

ANTIPSYCHOTICS

Phenothiazines with aliphatic side-chain

▪ CHLORPROMAZINE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

chlorpromazine hydrochloride 5 mg/mL oral liquid, 100 mL

1201F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	16.67	17.97	Largactil [SW]

NP

chlorpromazine hydrochloride 50 mg/2 mL injection, 10 x 2 mL ampoules

1195X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	22.00	23.30	Largactil [SW]

NP

chlorpromazine hydrochloride 10 mg tablet, 100

1196Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	15.41	16.71	Largactil [SW]

NP

chlorpromazine hydrochloride 100 mg tablet, 100

1199D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	19.85	21.15	Largactil [SW]

NP

chlorpromazine hydrochloride 25 mg tablet, 100

1197B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	15.82	17.12	Largactil [SW]

NP

Phenothiazines with piperidine structure

▪ PERICIAZINE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

periciazine 2.5 mg tablet, 100

3052P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	15.29	16.59	Neulactil [SW]

NP

periciazine 10 mg tablet, 100

3053Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	18.28	19.58	Neulactil [SW]

NP

Butyrophenone derivatives

▪ HALOPERIDOL

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

haloperidol 1.5 mg tablet, 100

2767P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	15.90	17.20	Serenace [AS]

NP

haloperidol 5 mg tablet, 50

2770T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	15.76	17.06	Serenace [AS]

NP

haloperidol 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2761H NP	1	5	..	15.55	16.85	Serenace [AS]

haloperidol 5 mg/mL injection, 10 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2768Q NP	1	..	..	23.28	24.58	Serenace [AS]

haloperidol 2 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2763K NP	‡1	5	..	22.60	23.90	Serenace [AS]

▪ HALOPERIDOL DECANOATE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

haloperidol (as decanoate) 150 mg/3 mL injection, 5 x 3 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2766N NP	1	..	..	45.07	41.30	Haldol decanoate [JC]

haloperidol (as decanoate) 50 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2765M NP	1	..	..	28.53	29.83	Haldol decanoate [JC]

Indole derivatives

▪ LURASIDONE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
4246
Schizophrenia

lurasidone hydrochloride 80 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10529E NP	1	5	..	112.03	41.30	[a] APO-Lurasidone [TX] [a] Latuda [SE] [a] Lurasidone Sandoz [SZ] [a] Pharmacor Lurasidone [CR]	[a] Ardix Lurasidone [RX] [a] Lurasidone Lupin [GQ] [a] LURASIDONE SUN [RA]

lurasidone hydrochloride 40 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10526B NP	1	5	..	62.06	41.30	[a] APO-Lurasidone [TX] [a] Latuda [SE] [a] Lurasidone Sandoz [SZ] [a] Pharmacor Lurasidone [CR]	[a] Ardix Lurasidone [RX] [a] Lurasidone Lupin [GQ] [a] LURASIDONE SUN [RA]

▪ ZIPRASIDONE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
4246
Schizophrenia
Authority required (STREAMLINED)
5742
Acute mania or mixed episodes
Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as monotherapy, **AND**
- The treatment must be limited to up to 6 months per episode.

ziprasidone 60 mg capsule, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9072L	1	5	..	147.30	41.30	[a] APO-Ziprasidone [TX]	[a] Zeldox [UJ]

						[a] Ziprasidone GH [GQ]	[a] ZIPROX [RW]

NP **iprasidone 20 mg capsule, 60**

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9070J	1	5	..	56.68	41.30	[a] APO-Ziprasidone [TX] [a] Ziprasidone GH [GQ]	[a] Zeldox [UJ] [a] ZIPROX [RW]

NP **ziprasidone 40 mg capsule, 60**

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9071K	1	5	..	101.43	41.30	[a] APO-Ziprasidone [TX] [a] Ziprasidone GH [GQ]	[a] Zeldox [UJ] [a] ZIPROX [RW]

NP **ziprasidone 80 mg capsule, 60**

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9073M	1	5	..	194.28	41.30	[a] APO-Ziprasidone [TX] [a] Ziprasidone GH [GQ]	[a] Zeldox [UJ] [a] ZIPROX [RW]

Thioxanthene derivatives

▪ FLUPENTIXOL DECANOATE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

flupentixol decanoate 100 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2257T	1	..	..	49.43	41.30	Fluanxol Concentrated Depot [LU]

NP

flupentixol decanoate 20 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2255Q	1	..	..	24.33	25.63	Fluanxol Depot [LU]

NP

▪ ZUCLOPENTHIXOL DECANOATE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

zuclopenthixol decanoate 200 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8097E	1	..	..	30.18	31.48	Clopixol Depot [LU]

NP

Diazepines, oxazepines, thiazepines and oxepines

▪ ASENAPINE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
4246
Schizophrenia
Authority required (STREAMLINED)
5773
Acute mania or mixed episodes
Clinical criteria:
- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be limited to up to 6 months per episode.

Authority required (STREAMLINED)
5719
Bipolar I disorder
Clinical criteria:
- The treatment must be maintenance therapy, **AND**
- The treatment must be as monotherapy.

asenapine 5 mg sublingual wafer, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5140M	1	5	..	143.69	41.30	Saphris [OQ]

NP

asenapine 10 mg sublingual wafer, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5141N NP	1	5	..	234.80	41.30	Saphris [OQ]

▪ OLANZAPINE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
5856
Schizophrenia
Authority required (STREAMLINED)
5869
Bipolar I disorder
Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8185T NP	1	5	..	17.59	18.89	[a] APO-Olanzapine [TX]	[a] Olanzapine APOTEX [GX]
						[a] Olanzapine-DRLA [RZ]	[a] Olanzapine RBX [RA]
						[a] Olanzapine Sandoz [SZ]	[a] Ozin 5 [ZS]
						[a] PRYZEX [RW]	[a] Zypine [AF]
			[B]7.97	25.56	18.89	[a] Zyprexa [LY]	

olanzapine 2.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8170B NP	1	5	..	15.07	16.37	[a] APO-Olanzapine [TX]	[a] Olanzapine APOTEX [GX]
						[a] Olanzapine-DRLA [RZ]	[a] Olanzapine RBX [RA]
						[a] Olanzapine Sandoz [SZ]	[a] Ozin 2.5 [ZS]
						[a] PRYZEX [RW]	[a] Zypine [AF]
			[B]7.79	22.86	16.37	[a] Zyprexa [LY]	

olanzapine 7.5 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8186W NP	1	5	..	20.39	21.69	[a] APO-Olanzapine [TX]	[a] Olanzapine APOTEX [GX]
						[a] Olanzapine-DRLA [RZ]	[a] Olanzapine RBX [RA]
						[a] Olanzapine Sandoz [SZ]	[a] Ozin 7.5 [ZS]
						[a] PRYZEX [RW]	[a] Zypine [AF]
			[B]8.00	28.39	21.69	[a] Zyprexa [LY]	

olanzapine 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8187X NP	1	5	..	23.15	24.45	[a] APO-Olanzapine [TX]	[a] Olanzapine APOTEX [GX]
						[a] Olanzapine-DRLA [RZ]	[a] Olanzapine RBX [RA]
						[a] Olanzapine Sandoz [SZ]	[a] Ozin 10 [ZS]
						[a] PRYZEX [RW]	[a] Zypine [AF]
			[B]8.00	31.15	24.45	[a] Zyprexa [LY]	

▪ OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 5 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 5 mg are equivalent for the purposes of substitution.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
5856
Schizophrenia
Authority required (STREAMLINED)
5869
Bipolar I disorder
Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 5 mg orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3381Y NP	1	5	..	17.59	18.89	[a] APO-Olanzapine ODT [TX]	[a] Olanzapine ODT generichealth 5 [GQ]

						[a] Olanzapine Sandoz ODT 5 [SZ]	[a] PRYZEX ODT [RW]

olanzapine 5 mg wafer, 28

8433W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	17.59	18.89	[a] Zypine ODT [AF]
		[B]7.97	25.56	18.89	[a] Zyprexa Zydis [LY]

▪ OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 10 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 10 mg are equivalent for the purposes of substitution.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5856

Schizophrenia

Authority required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 10 mg orally disintegrating tablet, 28

3382B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	23.15	24.45	[a] APO-Olanzapine ODT [TX]	[a] Olanzapine ODT generichealth 10 [GQ]
					[a] Olanzapine Sandoz ODT 10 [SZ]	[a] PRYZEX ODT [RW]

olanzapine 10 mg wafer, 28

8434X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	23.15	24.45	[a] Zypine ODT [AF]
		[B]8.00	31.15	24.45	[a] Zyprexa Zydis [LY]

▪ OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 15 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 15 mg are equivalent for the purposes of substitution.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5856

Schizophrenia

Authority required (STREAMLINED)

5869

Bipolar I disorder

Clinical criteria:

- The treatment must be maintenance therapy.

olanzapine 15 mg wafer, 28

8952E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	28.69	29.99	[a] Zypine ODT [AF]
		[B]8.00	36.69	29.99	[a] Zyprexa Zydis [LY]

olanzapine 15 mg orally disintegrating tablet, 28

3384D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	28.69	29.99	[a] APO-Olanzapine ODT [TX]	[a] Olanzapine Sandoz ODT 15 [SZ]
					[a] PRYZEX ODT [RW]	

▪ OLANZAPINE

Note Pharmaceutical benefits that have the form olanzapine tablet 20 mg (orally disintegrating) and pharmaceutical benefits that have the form olanzapine wafer 20 mg are equivalent for the purposes of substitution.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5856
Schizophrenia
Authority required (STREAMLINED)
5869
Bipolar I disorder
Clinical criteria:
- The treatment must be maintenance therapy.

olanzapine 20 mg wafer, 28

8953F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	34.23	35.53	[a] Zypine ODT [AF]
		[B]8.00	42.23	35.53	[a] Zyprexa Zydis [LY]

olanzapine 20 mg orally disintegrating tablet, 28

3385E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	34.23	35.53	[a] APO-Olanzapine ODT [TX]	[a] Olanzapine Sandoz ODT 20 [SZ]
					[a] PRYZEX ODT [RW]	

▪ OLANZAPINE

Caution Monitor for post-injection syndrome for at least two hours after each injection.

Note Special Pricing Arrangements apply.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
4304
Schizophrenia

olanzapine 405 mg modified release injection [1 vial] (&) inert substance diluent [3 mL vial], 1 pack

9303P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	505.18	41.30	Zyprexa Relprevv [LY]

olanzapine 300 mg modified release injection [1 vial] (&) inert substance diluent [3 mL vial], 1 pack

9295F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*817.64	41.30	Zyprexa Relprevv [LY]

olanzapine 210 mg modified release injection [1 vial] (&) inert substance diluent [3 mL vial], 1 pack

9294E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*505.18	41.30	Zyprexa Relprevv [LY]

▪ QUETIAPINE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
4246
Schizophrenia
Authority required (STREAMLINED)
5611
Acute mania
Clinical criteria:
- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as monotherapy, **AND**
- The treatment must be limited to up to 6 months per episode.

Authority required (STREAMLINED)
5639
Bipolar I disorder
Clinical criteria:
- The treatment must be maintenance therapy.

quetiapine 100 mg tablet, 90

8457D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	28.60	29.90	[a] APO-Quetiapine [TX]	[a] Kaptan [ZS]
					[a] Pharmacor Quetiapine 100 [CR]	[a] Quetia 100 [RW]
					[a] Quetiapine AN [EA]	[a] Quetiapine APOTEX [GX]

						[a] Quetiapine-DRLA [RZ]	[a] Quetiapine GH 100 [GQ]
						[a] Quetiapine RBX [RA]	[a] Quetiapine Sandoz [SZ]
						[a] Quetiapine Sandoz Pharma [HX]	[a] Syquet [AF]
			[B]4.99	33.59	29.90	[a] Seroquel [AL]	

quetiapine 300 mg tablet, 60

8580N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	45.11	41.30	[a] APO-Quetiapine [TX]	[a] Kaptan [ZS]
						[a] Pharmacor Quetiapine 300 [CR]	[a] Quetia 300 [RW]
						[a] Quetiapine AN [EA]	[a] Quetiapine APOTEX [GX]
						[a] Quetiapine-DRLA [RZ]	[a] Quetiapine GH 300 [GQ]
						[a] Quetiapine RBX [RA]	[a] Quetiapine Sandoz [SZ]
						[a] Quetiapine Sandoz Pharma [HX]	[a] Syquet [AF]
			[B]5.00	50.11	41.30	[a] Seroquel [AL]	

quetiapine 50 mg modified release tablet, 60

9202H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	23.76	25.06	[a] APO-Quetiapine XR [TX]	[a] APX-Quetiapine XR [TY]
						[a] QUEPINE XR [RF]	[a] QUETIAPINE-AS XR [RW]
						[a] Quetia XR [OW]	[a] Tevatiapine XR [SZ]
			[B]5.16	28.92	25.06	[a] Seroquel XR [AL]	

quetiapine 300 mg modified release tablet, 60

9204K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	55.72	41.30	[a] APO-Quetiapine XR [TX]	[a] APX-Quetiapine XR [TY]
						[a] QUEPINE XR [RF]	[a] QUETIAPINE-AS XR [RW]
						[a] Quetia XR [OW]	[a] Tevatiapine XR [SZ]
			[B]2.15	57.87	41.30	[a] Seroquel XR [AL]	

quetiapine 200 mg tablet, 60

8458E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	34.58	35.88	[a] APO-Quetiapine [TX]	[a] Kaptan [ZS]
						[a] Pharmacor Quetiapine 200 [CR]	[a] Quetia 200 [RW]
						[a] Quetiapine APOTEX [GX]	[a] Quetiapine-DRLA [RZ]
						[a] Quetiapine GH 200 [GQ]	[a] Quetiapine RBX [RA]
						[a] Quetiapine Sandoz [SZ]	[a] Quetiapine Sandoz Pharma [HX]
						[a] Syquet [AF]	
			[B]5.00	39.58	35.88	[a] Seroquel [AL]	

quetiapine 200 mg modified release tablet, 60

9203J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	46.06	41.30	[a] APO-Quetiapine XR [TX]	[a] APX-Quetiapine XR [TY]
						[a] QUEPINE XR [RF]	[a] QUETIAPINE-AS XR [RW]
						[a] Quetia XR [OW]	[a] Tevatiapine XR [SZ]
			[B]2.15	48.21	41.30	[a] Seroquel XR [AL]	

quetiapine 400 mg modified release tablet, 60

9205L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	71.57	41.30	[a] APO-Quetiapine XR [TX]	[a] APX-Quetiapine XR [TY]
						[a] QUEPINE XR [RF]	[a] QUETIAPINE-AS XR [RW]
						[a] Quetia XR [OW]	[a] Tevatiapine XR [SZ]
			[B]2.15	73.72	41.30	[a] Seroquel XR [AL]	

quetiapine 150 mg modified release tablet, 60

5458G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	5	..	28.60	29.90	[a] APX-Quetiapine XR [TY]	[a] QUEPINE XR [RW]
						[a] Quetia XR [OW]	[a] Tevatiapine XR [SZ]
			[B]10.75	39.35	29.90	[a] Seroquel XR [AL]	

▪ QUETIAPINE

Note No increase in the maximum quantity or number of units may be authorised.

Note Authority applications for increased repeats up to a maximum of 5 may be authorised for patients requiring dose optimisation for this condition not adequately provided by other strengths of this drug.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

7916
Schizophrenia
Authority required (STREAMLINED)
7927
Acute mania
Clinical criteria:
- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as monotherapy.

Authority required (STREAMLINED)
7893
Bipolar I disorder
Clinical criteria:
- The treatment must be maintenance therapy.

quetiapine 25 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8456C NP	1	..	..	17.92	19.22	[a] APO-Quetiapine [TX] [a] Pharmacor Quetiapine 25 [CR] [a] Quetiapine APOTEX [GX] [a] Quetiapine GH 25 [GQ] [a] Quetiapine Sandoz [SZ] [a] Syquet [AF]	[a] Kaptan [ZS] [a] Quetia 25 [RW] [a] Quetiapine-DRLA [RZ] [a] Quetiapine RBX [RA] [a] Quetiapine Sandoz Pharma [HX]
			[B]5.00	22.92	19.22	[a] Seroquel [AL]	

Benzamides

▪ AMISULPRIDE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
4246
Schizophrenia

amisulpride 400 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8596K NP	1	5	..	66.45	41.30	[a] Amipride 400 [RW] [a] Amisulpride Sandoz Pharma [HX] [a] Solian 400 [SW]	[a] Amisulpride 400 Winthrop [WA] [a] APO-Amisulpride [TX] [a] Sulprix [AF]

amisulpride 100 mg/mL oral liquid, 60 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8736T NP	2	5	..	*142.92	41.30	Solian Solution [SW]

amisulpride 200 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8595J NP	1	5	..	42.07	41.30	[a] Amisulpride 200 Winthrop [WA] [a] APO-Amisulpride [TX] [a] Sulprix [AF]	[a] Amisulpride Sandoz Pharma [HX] [a] Solian 200 [SW]

amisulpride 100 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8594H NP	1	5	..	19.04	20.34	[a] Amisulpride 100 Winthrop [WA] [a] APO-Amisulpride [TX] [a] Sulprix [AF]	[a] Amisulpride Sandoz Pharma [HX] [a] Solian 100 [SW]

Other antipsychotics

▪ ARIPIPRAZOLE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
4246
Schizophrenia

aripiprazole 20 mg tablet, 30

8719X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	105.45	41.30	[a] Abilify [OS] [a] APO-Aripiprazole [TX] [a] Aripiprazole GH [GQ] [a] Tevaripiprazole [TB]	[a] Abyraz [AF] [a] Aripiprazole generichealth [HQ] [a] Aripiprazole Sandoz [SZ]

aripiprazole 30 mg tablet, 30

8720Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	126.55	41.30	[a] Abilify [OS] [a] APO-Aripiprazole [TX] [a] Aripiprazole GH [GQ] [a] Tevaripiprazole [TB]	[a] Abyraz [AF] [a] Aripiprazole generichealth [HQ] [a] Aripiprazole Sandoz [SZ]

aripiprazole 10 mg tablet, 30

8717T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	66.13	41.30	[a] Abilify [OS] [a] APO-Aripiprazole [TX] [a] Aripiprazole GH [GQ] [a] Tevaripiprazole [TB]	[a] Abyraz [AF] [a] Aripiprazole generichealth [HQ] [a] Aripiprazole Sandoz [SZ]

aripiprazole 300 mg modified release injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

10224D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	306.48	41.30	Abilify Maintena [LU]

aripiprazole 400 mg modified release injection [1 vial] (&) inert substance diluent [2 mL vial], 1 pack

10219W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	381.33	41.30	Abilify Maintena [LU]

aripiprazole 15 mg tablet, 30

8718W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	88.78	41.30	[a] Abilify [OS] [a] APO-Aripiprazole [TX] [a] Aripiprazole GH [GQ] [a] Tevaripiprazole [TB]	[a] Abyraz [AF] [a] Aripiprazole generichealth [HQ] [a] Aripiprazole Sandoz [SZ]

▪ BREXPIPRAZOLE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4246

Schizophrenia

brexpiprazole 1 mg tablet, 30

11189X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	144.92	41.30	Rexulti [LU]

brexpiprazole 2 mg tablet, 30

11188W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	144.92	41.30	Rexulti [LU]

brexpiprazole 4 mg tablet, 30

11184P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	144.92	41.30	Rexulti [LU]

brexpiprazole 3 mg tablet, 30

11190Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	144.92	41.30	Rexulti [LU]

▪ CARIPRAZINE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4246

Schizophrenia

cariprazine 4.5 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12653Y NP	1	5	..	101.06	41.30	Reagila [CS]

cariprazine 3 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12619E NP	1	5	..	101.06	41.30	Reagila [CS]

cariprazine 1.5 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12652X NP	1	5	..	101.06	41.30	Reagila [CS]

cariprazine 6 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12622H NP	1	5	..	101.06	41.30	Reagila [CS]

▪ PALIPERIDONE

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4246

Schizophrenia

paliperidone 50 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5102M NP	1	5	..	240.83	41.30	Invega Sustenna [JC]

paliperidone 100 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5107T NP	1	5	..	380.79	41.30	Invega Sustenna [JC]

paliperidone 75 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5103N NP	1	5	..	311.17	41.30	Invega Sustenna [JC]

paliperidone 6 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9141D NP	1	5	..	127.75	41.30	Invega [JC]

paliperidone 25 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5100K NP	1	5	..	123.97	41.30	Invega Sustenna [JC]

paliperidone 150 mg modified release injection, 1 syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5109X NP	1	5	..	380.79	41.30	Invega Sustenna [JC]

paliperidone 9 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9142E NP	1	5	..	188.07	41.30	Invega [JC]

paliperidone 3 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9140C NP	1	5	..	68.96	41.30	Invega [JC]

▪ PALIPERIDONE

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Patient dosage is to be determined as per the dose transition table in the Product Information based on the maintenance dose of paliperidone once monthly injection.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised.

Authority required (STREAMLINED)

6832

Schizophrenia

Clinical criteria:

- Patient must have previously received and be stabilised on PBS-subsidised paliperidone once-monthly injection for at least 4 consecutive months.

paliperidone 525 mg/2.625 mL modified release injection, 2.625 mL syringe

11066K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1106.64	41.30	Invega Trinza [JC]

paliperidone 175 mg/0.875 mL modified release injection, 0.875 mL syringe

11085K (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	708.34	41.30	Invega Trinza [JC]

paliperidone 263 mg/1.315 mL modified release injection, 1.315 mL syringe

11072R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	912.39	41.30	Invega Trinza [JC]

paliperidone 350 mg/1.75 mL modified release injection, 1.75 mL syringe

11094X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1106.64	41.30	Invega Trinza [JC]

▪ RISPERIDONE

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

5907

Acute mania

Clinical criteria:

- The condition must be associated with bipolar I disorder, **AND**
- The treatment must be as adjunctive therapy to mood stabilisers, **AND**
- The treatment must be limited to up to 6 months per episode.

risperidone 4 mg tablet, 60

3172Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	41.78	41.30	[a] APO-Risperidone [TX]	[a] NOUMED RISPERIDONE [VO]
					[a] Rispa [RW]	[a] Risperdal [JC]
					[a] Risperidone generichealth [GQ]	[a] Risperidone Sandoz [SZ]
					[a] Rispernia [ZS]	[a] Rixadone [AF]

risperidone 1 mg tablet, 60

3169T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.32	19.62	[a] APO-Risperidone [TX]	[a] NOUMED RISPERIDONE [VO]
					[a] Ozidal [RA]	[a] Rispa [RW]
					[a] Risperdal [JC]	[a] Risperidone generichealth [GQ]
					[a] Risperidone Sandoz [SZ]	[a] Rispernia [ZS]
					[a] Rixadone [AF]	

risperidone 1 mg/mL oral liquid, 100 mL

8100H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	113.61	41.30	[a] Risperdal [JC]	[a] Rixadone [AF]

risperidone 2 mg tablet, 60

3170W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	26.35	27.65	[a] APO-Risperidone [TX]	[a] NOUMED RISPERIDONE [VO]
					[a] Ozidal [RA]	[a] Rispa [RW]
					[a] Risperdal [JC]	[a] Risperidone generichealth [GQ]

						[a] Risperidone Sandoz [SZ]	[a] Rispernia [ZS]
						[a] Rixadone [AF]	

risperidone 3 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
3171X NP	1	5	..	34.08	35.38	[a] APO-Risperidone [TX]	[a] NOUMED RISPERIDONE [VO]
						[a] Ozidal [RA]	[a] Rispa [RW]
						[a] Risperdal [JC]	[a] Risperidone generichealth [GQ]
						[a] Risperidone Sandoz [SZ]	[a] Rispernia [ZS]
						[a] Rixadone [AF]	

▪ RISPERIDONE

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6898

Severe behavioural disturbances

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be under 18 years of age.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

Authority required (STREAMLINED)

6899

Severe behavioural disturbances

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- Patient must have been commenced on PBS-subsidised treatment with risperidone prior to turning 18 years of age, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be aged 18 years or older.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

risperidone 1 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8789N NP	1	2	..	18.32	19.62	[a] APO-Risperidone [TX]	[a] NOUMED RISPERIDONE [VO]
						[a] Ozidal [RA]	[a] Rispa [RW]
						[a] Risperdal [JC]	[a] Risperidone generichealth [GQ]
						[a] Risperidone Sandoz [SZ]	[a] Rispernia [ZS]
						[a] Rixadone [AF]	

risperidone 1 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9293D NP	‡1	2	..	113.61	41.30	[a] Risperdal [JC]	[a] Rixadone [AF]

▪ RISPERIDONE

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

6897

Severe behavioural disturbances

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be under 18 years of age.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

Authority required (STREAMLINED)

6938

Severe behavioural disturbances

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- Patient must have been commenced on PBS-subsidised treatment with risperidone prior to turning 18 years of age, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be aged 18 years or older.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

risperidone 2 mg tablet, 60

9079W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	26.35	27.65	[a] APO-Risperidone [TX]	[a] NOUMED RISPERIDONE [VO]
					[a] Ozidal [RA]	[a] Rispa [RW]
					[a] Risperdal [JC]	[a] Risperidone generichealth [GQ]
					[a] Risperidone Sandoz [SZ]	[a] Rispernia [ZS]
					[a] Rixadone [AF]	

▪ RISPERIDONE

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

4246

Schizophrenia

Authority required (STREAMLINED)

5912

Bipolar I disorder

Clinical criteria:

- The condition must be refractory to treatment, **AND**
- The treatment must be in combination with lithium or sodium valproate, **AND**
- The treatment must be maintenance therapy.

risperidone 25 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

8780D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*272.40	41.30	Risperdal Consta [JC]

risperidone 50 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

8782F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*431.86	41.30	Risperdal Consta [JC]

risperidone 37.5 mg modified release injection [1 vial] (&) inert substance diluent [2 mL syringe], 1 pack

8781E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*352.56	41.30	Risperdal Consta [JC]

▪ RISPERIDONE

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note For item codes 8869T and 1846E, pharmaceutical benefits that have the form tablet 0.5 mg are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

5903

Schizophrenia

risperidone 500 microgram tablet, 20

1846E

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*19.21	20.51	[a] Risperdal [JC]

risperidone 500 microgram tablet, 60

8869T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.21	20.51	[a] APO-Risperidone [TX]	[a] NOUMED RISPERIDONE [VO]
					[a] Ozidal [RA]	[a] Rispa [RW]
					[a] Risperidone Sandoz [SZ]	[a] Rispernia [ZS]
					[a] Rixadone [AF]	

▪ RISPERIDONE

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note For items 8787L and 1842Y, pharmaceutical benefits that have the form tablet 0.5 mg are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

6898

Severe behavioural disturbances

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be under 18 years of age.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

Authority required (STREAMLINED)

6899

Severe behavioural disturbances

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have autism spectrum disorder, **AND**
- Patient must have been commenced on PBS-subsidised treatment with risperidone prior to turning 18 years of age, **AND**
- The treatment must be under the supervision of a paediatrician or psychiatrist, **AND**
- The treatment must be in combination with non-pharmacological measures.

Population criteria:

- Patient must be aged 18 years or older.

Behaviour disturbances are defined as severe aggression and injuries to self or others where non-pharmacological methods alone have been unsuccessful.

The diagnosis of autism spectrum disorder must be made based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or ICD-10 international classification of mental and behavioural disorders.

risperidone 500 microgram tablet, 20

1842Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	2	..	*19.21	20.51	[a] Risperdal [JC]

risperidone 500 microgram tablet, 60

8787L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	19.21	20.51	[a] APO-Risperidone [TX]	[a] NOUMED RISPERIDONE [VO]
					[a] Ozidal [RA]	[a] Rispa [RW]
					[a] Risperidone Sandoz [SZ]	[a] Rispernia [ZS]
					[a] Rixadone [AF]	

▪ RISPERIDONE

Caution In placebo controlled trials in elderly patients with dementia there was a significantly higher incidence of cerebrovascular adverse events, such as stroke (including fatalities) and transient ischaemic attacks, in patients treated with risperidone compared with patients treated with placebo.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

10020

Behavioural disturbances

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be characterised by psychotic symptoms and aggression, **AND**
- Patient must have dementia of the Alzheimer type, **AND**
- Patient must have failed to respond to non-pharmacological methods of treatment, **AND**
- Patient must not receive more than 12 weeks of treatment under this restriction.

A patient may only qualify for 12 weeks of PBS-subsidised treatment under this restriction once in a 12 month period.

risperidone 1 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11877D NP	1	2	..	18.32	19.62	[a] APO-Risperidone [TX]	[a] NOUMED RISPERIDONE [VO]
						[a] Ozidal [RA]	[a] Rispa [RW]
						[a] Risperdal [JC]	[a] Risperidone generichealth [GQ]
						[a] Risperidone Sandoz [SZ]	[a] Rispernia [ZS]
						[a] Rixadone [AF]	

risperidone 1 mg/mL oral liquid, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11874Y NP	‡1	2	..	113.61	41.30	[a] Risperdal [JC]	[a] Rixadone [AF]

▪ RISPERIDONE

Caution In placebo controlled trials in elderly patients with dementia there was a significantly higher incidence of cerebrovascular adverse events, such as stroke (including fatalities) and transient ischaemic attacks, in patients treated with risperidone compared with patients treated with placebo.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Behavioural disturbances

Treatment Phase: Continuing treatment, trial of dose reduction or cessation of treatment

Clinical criteria:

- The condition must be characterised by psychotic symptoms and aggression, **AND**
- Patient must have dementia of the Alzheimer type, **AND**
- Patient must have responded to an initial course of treatment with this drug for this condition, **AND**
- Patient must have failed to respond to non-pharmacological methods of treatment, **AND**
- The treatment must be for dose tapering purposes as part of a trial of treatment reduction or cessation; OR
- Patient must have trialled a period of treatment reduction or cessation with this drug for this condition and experienced worsening or re-emergence of symptoms during this trial, and retrials are considered periodically, **AND**
- Patient must be optimised on non-pharmacological methods of treatment.

The patient's response to treatment and a trial of treatment reduction or cessation must be discussed formally with a psychiatrist or geriatrician or in a documented clinical review process involving a least one other medical practitioner, or be reviewed by a psychiatrist or geriatrician.

Response to treatment is defined as a significant reduction in symptoms of psychosis or aggression.

Patients must cease treatment if there is no improvement in symptoms of psychosis and aggression, or worsening of symptoms with therapy.

Patients must be monitored for adverse effects such as falls, drowsiness leading to reduced self-care, incontinence, reduced nutrition, reduced ability to communicate needs/wishes and take part in activities. Therapy must be ceased if harms of therapy outweigh benefits.

Trials of reduction or cessation of therapy should be considered periodically with the intention of maintaining symptom control through non-pharmacological measures wherever possible and/or lowest effective dose therapy.

Evidence of patient benefit from therapy, failure of non-pharmacological approaches to manage symptoms in the absence of therapy, and recurrence of symptoms following reduction or cessation of therapy, trialled on at least 1 occasion, must be documented in the patient's medical records.

risperidone 1 mg tablet, 60

11879F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	18.32	19.62	[a] APO-Risperidone [TX]	[a] NOUMED RISPERIDONE [VO]
					[a] Ozidal [RA]	[a] Rispa [RW]
					[a] Risperdal [JC]	[a] Risperidone generichealth [GQ]
					[a] Risperidone Sandoz [SZ]	[a] Rispernia [ZS]
					[a] Rixadone [AF]	

risperidone 1 mg/mL oral liquid, 100 mL

11882J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	2	..	113.61	41.30	[a] Risperdal [JC]	[a] Rixadone [AF]

▪ RISPERIDONE

Caution In placebo controlled trials in elderly patients with dementia there was a significantly higher incidence of cerebrovascular adverse events, such as stroke (including fatalities) and transient ischaemic attacks, in patients treated with risperidone compared with patients treated with placebo.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Pharmaceutical benefits that have the form pack size risperidone 500 microgram tablet, 20 and pharmaceutical benefits that have the form pack size risperidone 500 microgram tablet, 60 are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

10020

Behavioural disturbances

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be characterised by psychotic symptoms and aggression, **AND**
- Patient must have dementia of the Alzheimer type, **AND**
- Patient must have failed to respond to non-pharmacological methods of treatment, **AND**
- Patient must not receive more than 12 weeks of treatment under this restriction.

A patient may only qualify for 12 weeks of PBS-subsidised treatment under this restriction once in a 12 month period.

risperidone 500 microgram tablet, 20

11872W NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	2	..	*19.21	20.51	[a] Risperdal [JC]

risperidone 500 microgram tablet, 60

11869Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	19.21	20.51	[a] APO-Risperidone [TX]	[a] NOUMED RISPERIDONE [VO]
					[a] Ozidal [RA]	[a] Rispa [RW]
					[a] Risperidone Sandoz [SZ]	[a] Rispernia [ZS]
					[a] Rixadone [AF]	

▪ RISPERIDONE

Caution In placebo controlled trials in elderly patients with dementia there was a significantly higher incidence of cerebrovascular adverse events, such as stroke (including fatalities) and transient ischaemic attacks, in patients treated with risperidone compared with patients treated with placebo.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Pharmaceutical benefits that have the form pack size risperidone 500 microgram tablet, 20 and pharmaceutical benefits that have the form pack size risperidone 500 microgram tablet, 60 are equivalent for the purposes of substitution.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Behavioural disturbances

Treatment Phase: Continuing treatment, trial of dose reduction or cessation of treatment

Clinical criteria:

- The condition must be characterised by psychotic symptoms and aggression, **AND**

- Patient must have dementia of the Alzheimer type, **AND**
- Patient must have responded to an initial course of treatment with this drug for this condition, **AND**
- Patient must have failed to respond to non-pharmacological methods of treatment, **AND**
- The treatment must be for dose tapering purposes as part of a trial of treatment reduction or cessation; OR
- Patient must have trialled a period of treatment reduction or cessation with this drug for this condition and experienced worsening or re-emergence of symptoms during this trial, and retrials are considered periodically, **AND**
- Patient must be optimised on non-pharmacological methods of treatment.

The patient's response to treatment and a trial of treatment reduction or cessation must be discussed formally with a psychiatrist or geriatrician or in a documented clinical review process involving a least one other medical practitioner, or be reviewed by a psychiatrist or geriatrician.

Response to treatment is defined as a significant reduction in symptoms of psychosis or aggression.

Patients must cease treatment if there is no improvement in symptoms of psychosis and aggression, or worsening of symptoms with therapy.

Patients must be monitored for adverse effects such as falls, drowsiness leading to reduced self-care, incontinence, reduced nutrition, reduced ability to communicate needs/wishes and take part in activities. Therapy must be ceased if harms of therapy outweigh benefits.

Trials of reduction or cessation of therapy should be considered periodically with the intention of maintaining symptom control through non-pharmacological measures wherever possible and/or lowest effective dose therapy.

Evidence of patient benefit from therapy, failure of non-pharmacological approaches to manage symptoms in the absence of therapy, and recurrence of symptoms following reduction or cessation of therapy, trialled on at least 1 occasion, must be documented in the patient's medical records.

risperidone 500 microgram tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11873X NP	3	2	..	*19.21	20.51	[a] Risperdal [JC]

risperidone 500 microgram tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11881H NP	1	2	..	19.21	20.51	[a] APO-Risperidone [TX] [a] Ozidal [RA] [a] Risperidone Sandoz [SZ] [a] Rixadone [AF]	[a] NOUMED RISPERIDONE [VO] [a] Rispa [RW] [a] Rispernia [ZS]

ANXIOLYTICS

Benzodiazepine derivatives

▪ ALPRAZOLAM

Note The panic disorder must not be attributable to some known organic factor.
Note No increase in the maximum number of repeats may be authorised.

Authority required

Panic disorder

Clinical criteria:

- The treatment must be for use when other treatments have failed; OR
- The treatment must be for use when other treatments are inappropriate.

alprazolam 250 microgram tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11205R NP	1	..	..	18.83	20.13	Kalma 0.25 [AF]

alprazolam 500 microgram tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11187T NP	1	..	..	19.77	21.07	[a] Alprax 0.5 [AS]	[a] Kalma 0.5 [AF]

alprazolam 1 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11186R NP	1	..	..	20.75	22.05	[a] Alprax 1 [AS]	[a] Kalma 1 [AF]

▪ DIAZEPAM

diazepam 5 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5072Y DP	1	..	..	13.78	15.08	[a] Antenex 5 [AF] [a] APX-Diazepam [TY] [a] Valpam 5 [RW]	[a] APO-Diazepam [TX] [a] NOUMED DIAZEPAM [VO]
			[B]3.07	16.85	15.08	[a] Valium [IX]	

diazepam 2 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5071X	1	..	..	13.72	15.02	[a] APO-Diazepam [TX]	[a] APX-Diazepam [TY]

					[a] Valpam 2 [RW]
DP	[B]2.78	16.50	15.02	[a] Antenex 2 [AF]	

▪ DIAZEPAM

Authority required

Chronic spasticity

Population criteria:

- Patient must be under 18 years of age.

diazepam 10 mg/10 mL oral liquid, 100 mL

2669L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP ‡1	..	..	43.94	41.30	Diazepam Elixir [ON]

▪ DIAZEPAM

Note Authorities for increased maximum quantities and/or repeats for the oral forms of diazepam will be granted only for
(i) the treatment of disabling spasticity; or
(ii) malignant neoplasia (late stage); or
(iii) use by patients who are receiving long-term nursing care on account of age, infirmity or other condition in hospitals, nursing homes or residential facilities and who have been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal; or
(iv) use by a patient who is receiving long-term nursing care and in respect of whom a Carer Allowance is payable as a disabled adult and who has been demonstrated, within the past six months, to be benzodiazepine dependent by an unsuccessful attempt at gradual withdrawal.
Up to six months' treatment (i.e. one month's treatment with five repeats) may be requested.

diazepam 5 mg tablet, 50

3162K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP 1	..	..	13.78	15.08	[a] Antenex 5 [AF] [a] APX-Diazepam [TY] [a] Valpam 5 [RW]	[a] APO-Diazepam [TX] [a] NOUMED DIAZEPAM [VO]
		[B]3.07	16.85	15.08	[a] Valium [IX]	

diazepam 2 mg tablet, 50

3161J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP 1	..	..	13.72	15.02	[a] APO-Diazepam [TX] [a] Valpam 2 [RW]	[a] APX-Diazepam [TY]
		[B]2.78	16.50	15.02	[a] Antenex 2 [AF]	

▪ OXAZEPAM

oxazepam 15 mg tablet, 25

5192G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP 1	..	..	13.61	14.91	Serepax [AS]

oxazepam 30 mg tablet, 25

5193H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
DP 1	..	..	13.29	14.59	[a] APO-Oxazepam [TX]
		[B]0.80	14.09	14.59	[a] Murelax [RW]
		[B]2.20	15.49	14.59	[a] Serepax [AS]

▪ OXAZEPAM

Note Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of oxazepam.

oxazepam 15 mg tablet, 25

3132W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP 1	..	..	13.61	14.91	Serepax [AS]

oxazepam 30 mg tablet, 25

3133X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP 1	..	..	13.29	14.59	[a] APO-Oxazepam [TX]
		[B]0.80	14.09	14.59	[a] Murelax [RW]
		[B]2.20	15.49	14.59	[a] Serepax [AS]

▪ OXAZEPAM

Authority required

Malignant neoplasia (late stage)

Authority required

Anxiety

Clinical criteria:

- Patient must be receiving this drug for the management of anxiety, **AND**

- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

Authority required

Anxiety

Clinical criteria:

- Patient must be receiving this drug for the management of anxiety, **AND**
- Patient must be receiving long-term nursing care, **AND**
- Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

oxazepam 15 mg tablet, 25

3134Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*15.14	16.44	Serepax [AS]

oxazepam 30 mg tablet, 25

3135B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*14.50	15.80	[a] APO-Oxazepam [TX]
		[B]1.60	*16.10	15.80	[a] Murelax [RW]
		[B]4.40	*18.90	15.80	[a] Serepax [AS]

HYPNOTICS AND SEDATIVES

Benzodiazepine derivatives

▪ NITRAZEPAM

nitrazepam 5 mg tablet, 25

5189D DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	14.29	15.59	[a] Alodorm [AF]	[a] Mogadon [IL]

▪ NITRAZEPAM

Note Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of nitrazepam.

nitrazepam 5 mg tablet, 25

2723H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	14.29	15.59	[a] Alodorm [AF]	[a] Mogadon [IL]

▪ NITRAZEPAM

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Myoclonic epilepsy

Authority required

Malignant neoplasia (late stage)

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care, **AND**
- Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

nitrazepam 5 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2732T NP	2	5	..	*16.50	17.80	[a] Alodorm [AF]	[a] Mogadon [IL]

▪ TEMAZEPAM

temazepam 10 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5221T DP	1	..	..	13.29	14.59	[a] APO-Temazepam [TX] [a] Temtabs [LN]	[a] Temaze [AF]
			[B]3.35	16.64	14.59	[a] Normison [AS]	

▪ TEMAZEPAM

Note Authorities for increased maximum quantities and/or repeats will not be granted except as detailed under the 'Authority required' listing of temazepam.

temazepam 10 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2089Y NP	1	..	..	13.29	14.59	[a] APO-Temazepam [TX] [a] Temtabs [LN]	[a] Temaze [AF]
			[B]3.35	16.64	14.59	[a] Normison [AS]	

▪ TEMAZEPAM

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required
Malignant neoplasia (late stage)
Authority required
Insomnia
Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care on account of age, infirmity or other condition in a hospital, nursing home or residential facility, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

Authority required
Insomnia
Clinical criteria:

- Patient must be receiving this drug for the management of insomnia, **AND**
- Patient must be receiving long-term nursing care, **AND**
- Patient must be one in respect of whom a Carer Allowance is payable as a disabled adult, **AND**
- Patient must have demonstrated, within the past 6 months, benzodiazepine dependence by an unsuccessful attempt at gradual withdrawal.

temazepam 10 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2088X NP	2	5	..	*14.50	15.80	[a] APO-Temazepam [TX] [a] Temtabs [LN]	[a] Temaze [AF]
			[B]6.70	*21.20	15.80	[a] Normison [AS]	

▪ PSYCHOANALEPTICS

ANTIDEPRESSANTS

Non-selective monoamine reuptake inhibitors

▪ AMITRIPTYLINE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

amitriptyline hydrochloride 50 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2429W NP	1	2	..	15.37	16.67	[a] Amitriptyline Alphapharm 50 [AL] [a] APO-Amitriptyline 50 [TX] [a] ENTRIP [RW]	[a] Amitriptyline Lupin [GQ] [a] APX-Amitriptyline [TY]
			[B]1.82	17.19	16.67	[a] Endep 50 [AF]	

amitriptyline hydrochloride 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2417F NP	1	2	..	14.82	16.12	[a] Amitriptyline Alphapharm 10 [AL]	[a] Amitriptyline Lupin [GQ]
						[a] APO-Amitriptyline 10 [TX]	[a] APX-Amitriptyline [TY]
						[a] ENTRIP [RW]	
			[B]1.82	16.64	16.12	[a] Endep 10 [AF]	

amitriptyline hydrochloride 25 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2418G NP	1	2	..	15.00	16.30	[a] Amitriptyline Alphapharm 25 [AL]	[a] Amitriptyline Lupin [GQ]
						[a] APO-Amitriptyline 25 [TX]	[a] APX-Amitriptyline [TY]
						[a] ENTRIP [RW]	
			[B]1.82	16.82	16.30	[a] Endep 25 [AF]	

▪ CLOMIPRAMINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Cataplexy

Clinical criteria:

- The condition must be associated with narcolepsy.

Restricted benefit

Obsessive-compulsive disorder

Restricted benefit

Phobic disorders

Population criteria:

- Patient must be an adult.

clomipramine hydrochloride 25 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1561E NP	1	2	..	18.02	19.32	[a] APO-Clomipramine [TX]	[a] GenRx Clomipramine [GX]
						[a] Placil [AF]	
			[B]4.41	22.43	19.32	[a] Anafranil 25 [PB]	

▪ DOSULEPIN (DOTHIEPIN)

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

dosulepin (dothiepin) hydrochloride 25 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1357K NP	1	2	..	14.88	16.18	[a] Dosulepin Mylan [AL]
			[B]1.81	16.69	16.18	[a] Dothep 25 [AF]

dosulepin (dothiepin) hydrochloride 75 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1358L NP	1	2	..	14.88	16.18	[a] Dosulepin Mylan [AL]
			[B]1.81	16.69	16.18	[a] Dothep 75 [AF]

▪ DOXEPIN

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

doxepin 25 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1013H NP	1	2	..	16.35	17.65	Deptran 25 [AF]

doxepin 50 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1012G NP	1	2	..	15.51	16.81	Deptran 50 [AF]

doxepin 10 mg capsule, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1011F NP	1	2	..	15.47	16.77	Deptran 10 [AF]

▪ IMIPRAMINE

Note Pharmaceutical benefits that have the form imipramine hydrochloride 10 mg tablet in a pack size of 100 can be substituted for a pack size of 50 in the case of a shortage.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

imipramine hydrochloride 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12581E NP	0.5	2	..	*24.38	25.68	[a] Imipramine (Leading) [QY]

imipramine hydrochloride 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2420J NP	1	2	..	16.46	17.76	[a] Tofranil 10 [GH]

▪ IMIPRAMINE

Note Pharmaceutical benefits that have the form imipramine hydrochloride 25 mg tablet in a pack size of 50 can be substituted for a pack size of 100 in the case of a shortage.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

imipramine hydrochloride 25 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2421K NP	1	2	..	19.72	21.02	Tofranil 25 [GH]

▪ NORTRIPTYLINE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Major depression
Clinical criteria:

- The treatment must be for use when other anti-depressant therapy has failed.

Restricted benefit
Major depression
Clinical criteria:

- The treatment must be for use when other anti-depressant therapy is contraindicated.

nortriptyline 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2522R NP	1	2	..	16.04	17.34	[a] NortriTABS 10 mg [GH]
			[B]0.50	16.54	17.34	[a] Allegron [RW]

nortriptyline 25 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2523T NP	1	2	..	16.95	18.25	[a] NortriTABS 25 mg [GH]
			[B]1.00	17.95	18.25	[a] Allegron [RW]

Selective serotonin reuptake inhibitors

▪ CITALOPRAM

Restricted benefit
Major depressive disorders

citalopram 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8220P NP	1	5	..	13.70	15.00	[a] APO-Citalopram [TX] [a] Celapram [AF] [a] Citalopram Sandoz [SZ] [a] Talam [RW]	[a] APX-Citalopram [TY] [a] Citalopram AN [EA] [a] NOUMED CITALOPRAM [VO]
			[B]10.37	24.07	15.00	[a] Cipramil [LU]	

citalopram 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8702B NP	1	5	..	13.39	14.69	[a] Celapram [AF] [a] Talam [RW]	[a] Citalopram AN [EF]

citalopram 40 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8703C NP	1	5	..	14.53	15.83	[a] APO-Citalopram [TX] [a] Citalopram AN [EA] [a] NOUMED CITALOPRAM [VO]	[a] Celapram [AF] [a] Citalopram Sandoz [SZ] [a] Talam [RW]

▪ ESCITALOPRAM

Restricted benefit

Major depressive disorders

escitalopram 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8701Y NP	1	5	..	14.46	15.76	[a] APO-Escitalopram [TX] [a] Blooms the Chemist Escitalopram [IB] [a] Escitalopram GH [HQ] [a] Esipram [CF] [a] LoxaLate [AF]	[a] APX-Escitalopram [TY] [a] Cilopam-S [ZS] [a] Escitalopram Sandoz [HX] [a] Lexam 20 [RW]
			[B]11.80	26.26	15.76	[a] Lexapro [LU]	

escitalopram 10 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8700X NP	1	5	..	14.44	15.74	[a] APO-Escitalopram [TX] [a] Blooms the Chemist Escitalopram [IB] [a] Escitalopram GH [HQ] [a] Esipram [CF] [a] LoxaLate [AF]	[a] APX-Escitalopram [TY] [a] Cilopam-S [ZS] [a] Escitalopram Sandoz [HX] [a] Lexam 10 [RW]
			[B]11.46	25.90	15.74	[a] Lexapro [LU]	

▪ ESCITALOPRAM

Restricted benefit

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

Restricted benefit

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

escitalopram 20 mg tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9433L	1	5	..	14.46	15.76	[a] Escitalopram GH [HQ]	[a] Esipram [CF]

			[B]11.80	26.26	15.76	[a] Lexapro [LU]	

NP **Escitalopram 10 mg tablet, 28**

9432K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.44	15.74	[a] Escitalopram GH [HQ]	[a] Esipram [CF]
		[B]11.46	25.90	15.74	[a] Lexapro [LU]	

▪ ESCITALOPRAM

Restricted benefit

Major depressive disorders

Restricted benefit

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

Moderate to severe generalised anxiety disorder (GAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

Restricted benefit

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must be one for whom a GP Mental Health Care Plan, as described under items 2715 or 2717 of the Medicare Benefits Schedule, has been prepared.

Restricted benefit

Moderate to severe social anxiety disorder (social phobia, SAD)

Clinical criteria:

- The condition must be defined by Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) criteria, **AND**
- Patient must not have responded to non-pharmacological therapy, **AND**
- Patient must have been assessed by a psychiatrist.

escitalopram 20 mg/mL oral liquid, 15 mL

10181W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	38.05	39.35	Lexapro [LU]

NP

▪ FLUOXETINE

Restricted benefit

Major depressive disorders

Restricted benefit

Obsessive-compulsive disorder

fluoxetine 20 mg capsule, 28

1434L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.94	17.24	[a] APO-Fluoxetine [TX]	[a] Blooms the Chemist Fluoxetine [IB]
					[a] BTC Fluoxetine [JB]	[a] FLUOTEX [RF]
					[a] Fluoxetine APOTEX [TY]	[a] Fluoxetine generichealth [GQ]
					[a] Fluoxetine Sandoz [SZ]	[a] Lovan [AL]
					[a] Zactin [AF]	
		[B]1.10	17.04	17.24	[a] Prozac 20 [LY]	

NP

fluoxetine 20 mg tablet, 28

8270G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.94	17.24	[a] Lovan 20 Tab [AL]	[a] Zactin Tablet [AF]

NP

▪ FLUVOXAMINE

Restricted benefit

Major depressive disorders

Restricted benefit
Obsessive-compulsive disorder

fluvoxamine maleate 50 mg tablet, 30

8512B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	17.75	19.05	[a] APO-Fluvoxamine [TX] [a] Movox 50 [AL]	[a] Faverin 50 [RW]
		[B]3.49	21.24	19.05	[a] Luvox [GO]	

fluvoxamine maleate 100 mg tablet, 30

8174F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	20.65	21.95	[a] APO-Fluvoxamine [TX] [a] Movox 100 [AF]	[a] Faverin 100 [RW]
		[B]3.50	24.15	21.95	[a] Luvox [GO]	

▪ PAROXETINE

Restricted benefit
Major depressive disorders
Restricted benefit
Obsessive-compulsive disorder
Restricted benefit
Panic disorder

paroxetine 20 mg tablet, 30

2242B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	15.67	16.97	[a] APO-Paroxetine [TX] [a] Extine 20 [RW] [a] Paroxetine GH [GQ] [a] Paxtine [AF]	[a] APX-Paroxetine [TY] [a] Paroxetine AN [EA] [a] Paroxetine Sandoz [SZ]
		[B]2.41	18.08	16.97	[a] Aropax [AS]	

▪ SERTRALINE

Note Pharmaceutical benefits that have the form sertraline 50 mg tablet are equivalent for the purposes of substitution.

Restricted benefit
Major depressive disorders

sertraline 50 mg tablet, 30

2236Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.06	15.36	[a] APO-Sertraline [TX] [a] NOUMED SERTRALINE [VO] [a] Sertraline AN [EA] [a] Sertraline Sandoz [SZ]	[a] Eleva 50 [AF] [a] Sertra 50 [RW] [a] Sertraline generichealth [GQ] [a] Setrona [RA]
		[B]5.51	19.57	15.36	[a] Zoloft [UJ]	

▪ SERTRALINE

Note Pharmaceutical benefits that have the form sertraline 100 mg tablet are equivalent for the purposes of substitution.

Restricted benefit
Major depressive disorders

sertraline 100 mg tablet, 30

2237R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.06	15.36	[a] APO-Sertraline [TX] [a] NOUMED SERTRALINE [VO] [a] Sertraline AN [EA] [a] Sertraline Sandoz [SZ]	[a] Eleva 100 [AF] [a] Sertra 100 [RW] [a] Sertraline generichealth [GQ] [a] Setrona [RA]
		[B]5.51	19.57	15.36	[a] Zoloft [UJ]	

▪ SERTRALINE

Note Pharmaceutical benefits that have the form sertraline 50 mg tablet are equivalent for the purposes of substitution.

Restricted benefit
Obsessive-compulsive disorder
Restricted benefit
Panic disorder
Clinical criteria:

- The treatment must be for use when other treatments have failed; OR
- The treatment must be for use when other treatments are inappropriate.

sertraline 50 mg tablet, 30

8836C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.06	15.36	[a] Eleva 50 [AF] [a] Sertraline AN [EA]	[a] NOUMED SERTRALINE [VO] [a] Sertraline generichealth [GQ]

[B]5.51	19.57	15.36	[a] Zoloft [UJ]		

▪ SERTRALINE

Note Pharmaceutical benefits that have the form sertraline 100 mg tablet are equivalent for the purposes of substitution.

Restricted benefit
Obsessive-compulsive disorder

Restricted benefit
Panic disorder

Clinical criteria:

- The treatment must be for use when other treatments have failed; OR
- The treatment must be for use when other treatments are inappropriate.

sertraline 100 mg tablet, 30

8837D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	14.06	15.36	[a] Eleva 100 [AF] [a] Sertraline AN [EA]	[a] NOUMED SERTRALINE [VO] [a] Sertraline generichealth [GQ]
		[B]5.51	19.57	15.36	[a] Zoloft [UJ]	

NP

Monoamine oxidase inhibitors, non-selective

▪ PHENELZINE

Caution This drug is an irreversible monoamine oxidase inhibitor.

Note Pharmaceutical benefits that have the form phenelzine 15 mg tablet, 60 and pharmaceutical benefits that have the form phenelzine 15 mg tablet, 100 are equivalent for the purposes of substitution.

Restricted benefit
Depression

Clinical criteria:

- The treatment must be for when all other anti-depressant therapy has failed; OR
- The treatment must be for when all other anti-depressant therapy is inappropriate.

phenelzine 15 mg tablet, 60

12239E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1.67	1	..	*175.24	41.30	[a] Phenelzine sulfate USP (Generic Health) [GQ]

phenelzine 15 mg tablet, 100

2856H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	81.25	41.30	[a] Nardil [LM]

▪ TRANYLCYPROMINE

Caution This drug is an irreversible monoamine oxidase inhibitor.

tranylcypromine 10 mg tablet, 50

2444P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	50.40	41.30	Parnate [GH]

Monoamine oxidase A inhibitors

▪ MOCLOBEMIDE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Major depressive disorders

moclobemide 150 mg tablet, 60

1900B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	21.82	23.12	[a] Amira 150 [AF] [a] Clobemix [ED] [a] Moclobemide Sandoz [SZ]	[a] APO-Moclobemide [TX] [a] Moclobemide AN [EA]
		[B]3.00	24.82	23.12	[a] Aurorix [GO]	

NP

moclobemide 300 mg tablet, 60

8003F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	28.35	29.65	[a] Amira 300 [AF] [a] Clobemix [ED] [a] Moclobemide Sandoz [SZ]	[a] APO-Moclobemide [TX] [a] Moclobemide AN [EA]
		[B]3.00	31.35	29.65	[a] Aurorix 300 mg [GO]	

NP

Other antidepressants

▪ DESVENLAFAXINE

Note Pharmaceutical benefits that have the forms desvenlafaxine tablet (modified release) 100 mg, desvenlafaxine tablet (modified release) 100 mg (as benzoate) and desvenlafaxine tablet (extended release) 100 mg (as succinate) are equivalent for the purposes of substitution.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Major depressive disorders

desvenlafaxine 100 mg modified release tablet, 28

10231L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	24.57	25.87	[a] Desfax [AF]	[a] DESVEN [RW]
					[a] Desvenlafaxine Actavis [EA]	[a] Desvenlafaxine Sandoz [SZ]

desvenlafaxine 100 mg modified release tablet, 28

10245F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	24.57	25.87	[a] APO-Desvenlafaxine MR [TX]	[a] Desvenlafaxine GH XR [GQ]

desvenlafaxine 100 mg modified release tablet, 28

9367B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	24.57	25.87	[a] Pristiq [PF]

▪ DESVENLAFAXINE

Note Pharmaceutical benefits that have the forms desvenlafaxine tablet (modified release) 50 mg, desvenlafaxine tablet (modified release) 50 mg (as benzoate) and desvenlafaxine tablet (extended release) 50 mg (as succinate) are equivalent for the purposes of substitution.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Major depressive disorders

desvenlafaxine 50 mg modified release tablet, 28

10234P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.25	23.55	[a] APO-Desvenlafaxine MR [TX]	[a] Desvenlafaxine GH XR [GQ]

desvenlafaxine 50 mg modified release tablet, 28

10241B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.25	23.55	[a] Desfax [AF]	[a] DESVEN [RW]
					[a] Desvenlafaxine Actavis [EA]	[a] Desvenlafaxine Sandoz [SZ]

desvenlafaxine 50 mg modified release tablet, 28

9366Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	22.25	23.55	[a] Pristiq [PF]

▪ DULOXETINE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Major depressive disorders

duloxetine 30 mg enteric capsule, 28

9155W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	16.35	17.65	[a] APO-Duloxetine [TX]	[a] Duloxecor [CR]
					[a] Duloxetine Sandoz [HX]	[a] Duloxetine Sandoz 30 [SZ]
					[a] DYTREX 30 [RW]	[a] Tixol [AL]
		[B]12.88	29.23	17.65	[a] Cymbalta [LY]	

duloxetine 60 mg enteric capsule, 28

9156X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.00	19.30	[a] APO-Duloxetine [TX]	[a] Duloxecor [CR]
					[a] Duloxetine Sandoz [HX]	[a] Duloxetine Sandoz 60 [SZ]
					[a] DYTREX 60 [RW]	[a] Tixol [AL]
		[B]13.00	31.00	19.30	[a] Cymbalta [LY]	

▪ LITHIUM CARBONATE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

lithium carbonate 450 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8290H NP	2	2	..	*36.56	37.86	Quilonum SR [AS]

lithium carbonate 250 mg tablet, 200

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3059B NP	1	2	..	24.18	25.48	Lithicarb [AS]

▪ MIANSERIN

Caution Neutropenia and agranulocytosis are more frequent in the elderly, especially in the early months of therapy.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Severe depression

mianserin hydrochloride 10 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1627P NP	1	5	..	19.88	21.18	Lumin 10 [AF]

mianserin hydrochloride 20 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1628Q NP	1	5	..	28.53	29.83	Lumin 20 [AF]

▪ MIRTAZAPINE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Major depressive disorders

mirtazapine 30 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8513C NP	1	5	..	15.84	17.14	[a] APO-Mirtazapine [TX] [a] Axit 30 [AF] [a] Mirtazapine Sandoz [SZ]	[a] APX-Mirtazapine [TY] [a] MIRTANZA [RF] [a] Mirtazon [RW]
			[B]4.84	20.68	17.14	[a] Avanza [AL]	

mirtazapine 15 mg orally disintegrating tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8855C NP	1	5	..	16.34	17.64	[a] MIRTANZA ODT [RF] [a] Mirtazapine Sandoz ODT 15 [SZ]	[a] Mirtazapine AN ODT [EA]

mirtazapine 45 mg orally disintegrating tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8857E NP	1	5	..	20.38	21.68	[a] MIRTANZA ODT [RF] [a] Mirtazapine Sandoz ODT 45 [SZ]	[a] Mirtazapine AN ODT [EA]

mirtazapine 15 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9365X NP	1	5	..	14.72	16.02	[a] APO-Mirtazapine [TX] [a] Axit 15 [AF]	[a] APX-Mirtazapine [TY] [a] MIRTANZA [RF]

mirtazapine 45 mg tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8883M NP	1	5	..	18.08	19.38	[a] APO-Mirtazapine [TX] [a] Axit 45 [AF] [a] Mirtazapine Sandoz [SZ]	[a] APX-Mirtazapine [TY] [a] MIRTANZA [RF] [a] Mirtazon [RW]

mirtazapine 30 mg orally disintegrating tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8856D NP	1	5	..	17.62	18.92	[a] MIRTANZA ODT [RF] [a] Mirtazapine Sandoz ODT 30 [SZ]	[a] Mirtazapine AN ODT [EA]

▪ REBOXETINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Major depressive disorders

reboxetine 4 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8583R NP	1	5	..	38.79	40.09	Edronax [PF]

▪ VENLAFAXINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Major depressive disorders

venlafaxine 150 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8302Y NP	1	5	..	16.57	17.87	[a] APO-Venlafaxine XR [TX] [a] Efexor-XR [UJ] [a] Enlafax-XR [AF] [a] Venlafaxine generichealth XR [GQ]	[a] Blooms the Chemist Venlafaxine XR [IB] [a] Elaxine SR 150 [ZP] [a] Sandoz Venlafaxine XR [HX]

venlafaxine 75 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8301X NP	1	5	..	15.84	17.14	[a] APO-Venlafaxine XR [TX] [a] Efexor-XR [UJ] [a] Enlafax-XR [AF] [a] Venlafaxine generichealth XR [GQ]	[a] Blooms the Chemist Venlafaxine XR [IB] [a] Elaxine SR 75 [ZP] [a] Sandoz Venlafaxine XR [HX]

venlafaxine 37.5 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8868R NP	1	..	..	14.71	16.01	[a] Efexor-XR [UJ]	[a] Elaxine SR 37.5 [ZP]

PSYCHOSTIMULANTS, AGENTS USED FOR ADHD AND NOOTROPICS

Centrally acting sympathomimetics

▪ ARMODAFINIL

Note This drug is not PBS-subsidised when used in combination with PBS-subsidised dexamfetamine sulfate or modafinil.

Authority required

Narcolepsy

Treatment Phase: Initial 1 - treatment of narcolepsy without cataplexy

Treatment criteria:

- Must be treated by a qualified sleep medicine practitioner or neurologist.

Clinical criteria:

- The treatment must be for use when therapy with dexamfetamine sulfate poses an unacceptable medical risk; OR
- The treatment must be for use when intolerance to dexamfetamine sulfate is of a severity to necessitate treatment withdrawal, **AND**
- Patient must have experienced excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least 3 months, **AND**
- Patient must have a mean sleep latency less than or equal to 10 minutes on a Multiple Sleep Latency Test (MSLT); OR
- Patient must have an electroencephalographic (EEG) recording showing the pathologically rapid development of REM sleep, **AND**
- Patient must not have any medical or psychiatric disorder that could otherwise account for the hypersomnia.

The presence of any one of the following indicates treatment with dexamfetamine sulfate poses an unacceptable medical risk:

(a) a psychiatric disorder;
(b) a cardiovascular disorder;
(c) a history of substance abuse;
(d) glaucoma;
(e) any other absolute contraindication to dexamfetamine sulfate as specified in the TGA-approved Product Information.
The MSLT must be preceded by nocturnal polysomnography. Sleep prior to the MSLT must be at least 6 hours in duration.
The authority application must be made in writing and must include the following:
(a) a completed authority prescription form; and
(b) a completed Narcolepsy Initial PBS authority application and Supporting information form; and
(c) details of the contraindication or intolerance to dexamfetamine sulfate; and
(d) either:
(i) the result and date of the polysomnography test and Multiple Sleep Latency Test (MSLT) conducted by, or under the supervision of, a qualified sleep medicine practitioner; or
(ii) the result and date of the electroencephalograph (EEG), conducted by, or under the supervision of, a neurologist.
The polysomnography, MSLT or EEG test reports must be provided with the authority application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Narcolepsy

Treatment Phase: Initial 2 - treatment of narcolepsy with cataplexy

Treatment criteria:

- Must be treated by a qualified sleep medicine practitioner or neurologist.

Clinical criteria:

- The treatment must be for use when therapy with dexamfetamine sulfate poses an unacceptable medical risk; OR
- The treatment must be for use when intolerance to dexamfetamine sulfate is of a severity to necessitate treatment withdrawal, **AND**
- Patient must have experienced excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least 3 months, **AND**
- Patient must have a definite history of cataplexy documented in their medical records for auditing purposes, **AND**
- Patient must not have any medical or psychiatric disorder that could otherwise account for the hypersomnia.

The presence of any one of the following indicates treatment with dexamfetamine sulfate poses an unacceptable medical risk:
(a) a psychiatric disorder;
(b) a cardiovascular disorder;
(c) a history of substance abuse;
(d) glaucoma;
(e) any other absolute contraindication to dexamfetamine sulfate as specified in the TGA-approved Product Information.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Narcolepsy

Treatment Phase: Continuing or change of treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have previously received PBS-subsidised treatment with modafinil for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

armodafinil 50 mg tablet, 30

10922W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*106.92	41.30	Nuvigil [TB]

armodafinil 150 mg tablet, 30

10912H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	156.44	41.30	Nuvigil [TB]

armodafinil 250 mg tablet, 30

10919Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	256.01	41.30	Nuvigil [TB]

▪ ATOMOXETINE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

7876

Attention deficit hyperactivity disorder

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a paediatrician or psychiatrist.

Clinical criteria:

- The condition must be or have been diagnosed according to the DSM-5 criteria, **AND**
- Patient must have a contraindication to dexamfetamine, methylphenidate or lisdexamfetamine as specified in TGA-approved product information; OR
- Patient must have a comorbid mood disorder that has developed or worsened as a result of dexamfetamine, methylphenidate or lisdexamfetamine treatment and is of a severity necessitating treatment withdrawal; OR
- Patient must be at an unacceptable medical risk of a severity necessitating permanent stimulant treatment withdrawal if given a stimulant treatment with another agent; OR
- Patient must have experienced adverse reactions of a severity necessitating permanent treatment withdrawal following treatment with dexamfetamine, methylphenidate and lisdexamfetamine (not simultaneously).

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

Authority required (STREAMLINED)

7890

Attention deficit hyperactivity disorder

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition.

atomoxetine 18 mg capsule, 28

9093N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*89.84	41.30	[a] APO-Atomoxetine [TX] [a] Atomoxetine Sandoz [SZ]	[a] ATOMERRA [RW]
		[B]5.00	*94.84	41.30	[a] Strattera [LY]	

atomoxetine 25 mg capsule, 28

9094P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*89.84	41.30	[a] APO-Atomoxetine [TX] [a] Atomoxetine Sandoz [SZ]	[a] ATOMERRA [RW]
		[B]5.00	*94.84	41.30	[a] Strattera [LY]	

atomoxetine 40 mg capsule, 28

9095Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*89.84	41.30	[a] APO-Atomoxetine [TX] [a] Atomoxetine Sandoz [SZ]	[a] ATOMERRA [RW]
		[B]5.00	*94.84	41.30	[a] Strattera [LY]	

atomoxetine 10 mg capsule, 28

9092M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*89.84	41.30	[a] APO-Atomoxetine [TX] [a] Atomoxetine Sandoz [SZ]	[a] ATOMERRA [RW]
		[B]5.00	*94.84	41.30	[a] Strattera [LY]	

atomoxetine 80 mg capsule, 28

9289X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	62.63	41.30	[a] APO-Atomoxetine [TX] [a] Atomoxetine Sandoz [SZ]	[a] ATOMERRA [RW]
		[B]4.99	67.62	41.30	[a] Strattera [LY]	

atomoxetine 100 mg capsule, 28

9290Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	62.63	41.30	[a] APO-Atomoxetine [TX] [a] Atomoxetine Sandoz [SZ]	[a] ATOMERRA [RW]
		[B]4.99	67.62	41.30	[a] Strattera [LY]	

atomoxetine 60 mg capsule, 28

9096R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	2	5	..	*89.84	41.30	[a] APO-Atomoxetine [TX] [a] Atomoxetine Sandoz [SZ]	[a] ATOMERRA [RW]
			[B]5.00	*94.84	41.30	[a] Strattera [LY]	

▪ DEXAMFETAMINE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Attention deficit hyperactivity disorder

Treatment must be in accordance with the law of the relevant State or Territory.

Authority required

Narcolepsy

dexamfetamine sulfate 5 mg tablet, 100

1165H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	23.30	24.60	Aspen Pharma Pty Ltd [AS]

▪ LISDEXAMFETAMINE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only. Divided dosing is not intended (e.g. 20 mg in the mornings, 30 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought, repeats should only be sought for the listed target strength.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Attention deficit hyperactivity disorder

Clinical criteria:

- Patient must require continuous coverage over 12 hours, **AND**
- The treatment must not exceed a maximum daily dose of 70 mg with this drug.

Population criteria:

- Patient must be aged between the ages of 6 and 18 years inclusive; OR
- Patient must have had a diagnosis of ADHD prior to turning 18 years of age if PBS-subsidised treatment is continuing beyond 18 years of age; OR
- Patient must have a retrospective diagnosis of ADHD if PBS-subsidised treatment is commencing after turning 18 years of age; OR
- Patient must have had a retrospective diagnosis of ADHD if PBS-subsidised treatment is continuing in a patient who commenced PBS-subsidised treatment after turning 18 years of age.

A retrospective diagnosis of ADHD for the purposes of administering this restriction is:

(i) the presence of pre-existing childhood symptoms of ADHD (onset during the developmental period, typically early to mid-childhood); and

(ii) documentation in the patient's medical records that an in-depth clinical interview with, or, obtainment of evidence from, either a: (a) parent, (b) teacher, (c) sibling, (d) third party**,** has occurred and which supports point (i) above.

lisdexamfetamine dimesilate 20 mg capsule, 30

11884L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	98.72	41.30	Vyvanse [TK]

lisdexamfetamine dimesilate 60 mg capsule, 30

11897E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	98.72	41.30	Vyvanse [TK]

lisdexamfetamine dimesilate 70 mg capsule, 30

10492F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	1	5	..	98.72	41.30	Vyvanse [TK]

lisdexamfetamine dimesilate 30 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10486X NP	1	5	..	98.72	41.30	Vyvanse [TK]

lisdexamfetamine dimesilate 40 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11898F NP	1	5	..	98.72	41.30	Vyvanse [TK]

lisdexamfetamine dimesilate 50 mg capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10474G NP	1	5	..	98.72	41.30	Vyvanse [TK]

▪ METHYLPHENIDATE

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Attention deficit hyperactivity disorder

Treatment must be in accordance with the law of the relevant State or Territory.

methylphenidate hydrochloride 10 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8839F NP	1	5	..	26.04	27.34	[a] Artige [NM]
			[B]3.76	29.80	27.34	[a] Ritalin 10 [NV]

▪ METHYLPHENIDATE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only. Divided dosing is not intended (e.g. 18 mg in the mornings, 36 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought, repeats should only be sought for the listed target strength.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Attention deficit hyperactivity disorder

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 12 hours, **AND**
- The treatment must not exceed a maximum daily dose of 72 mg with this drug.

methylphenidate hydrochloride 36 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2388Q NP	1	5	..	62.86	41.30	[a] Concerta [JC]	[a] Methylphenidate XR ARX [XT]

▪ METHYLPHENIDATE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only. Divided dosing is not intended (e.g. 18 mg in the mornings, 36 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought, repeats should only be sought for the listed target strength.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Attention deficit hyperactivity disorder

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 12 hours, **AND**
- The treatment must not exceed a maximum daily dose of 72 mg with this drug.

methylphenidate hydrochloride 54 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2432B NP	1	5	..	72.01	41.30	[a] Concerta [JC]	[a] Methylphenidate XR ARX [XT]

methylphenidate hydrochloride 27 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2172H NP	1	5	..	58.73	41.30	[a] Concerta [JC]	[a] Methylphenidate XR ARX [XT]

methylphenidate hydrochloride 18 mg modified release tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2387P NP	1	5	..	54.59	41.30	[a] Concerta [JC]	[a] Methylphenidate XR ARX [XT]

▪ METHYLPHENIDATE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only. Divided dosing is not intended (e.g. 20 mg in the mornings, 30 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought, repeats should only be sought for the listed target strength.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Attention deficit hyperactivity disorder

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 8 hours, **AND**
- The treatment must not exceed a maximum daily dose of 80 mg with this drug.

methylphenidate hydrochloride 40 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2283E NP	1	5	..	57.83	41.30	Ritalin LA [NV]

▪ METHYLPHENIDATE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note In accordance with the Therapeutic Goods Administration (TGA)-approved Product Information, this PBS listing currently intends for once daily dosing only. Divided dosing is not intended (e.g. 20 mg in the mornings, 30 mg in the evenings). Where applications (either on the same day or on separate days) for multiple strengths are sought, repeats should only be sought for the listed target strength.

Note Care must be taken to comply with the provisions of State/Territory law when prescribing this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Attention deficit hyperactivity disorder

Population criteria:

- Patient must be or have been diagnosed between the ages of 6 and 18 years inclusive.

Clinical criteria:

- Patient must have demonstrated a response to immediate-release methylphenidate hydrochloride with no emergence of serious adverse events, **AND**
- Patient must require continuous coverage over 8 hours, **AND**
- The treatment must not exceed a maximum daily dose of 80 mg with this drug.

methylphenidate hydrochloride 60 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12116Q NP	1	5	..	71.75	41.30	Ritalin LA [NV]

methylphenidate hydrochloride 10 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3440C NP	1	5	..	38.57	39.87	Ritalin LA [NV]

methylphenidate hydrochloride 30 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2280B NP	1	5	..	55.30	41.30	Ritalin LA [NV]

methylphenidate hydrochloride 20 mg modified release capsule, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2276T NP	1	5	..	47.84	41.30	Ritalin LA [NV]

▪ MODAFINIL

Note This drug is not PBS-subsidised when used in combination with PBS-subsidised dexamfetamine sulfate or armodafinil.

Authority required

Narcolepsy

Treatment Phase: Initial 1 - treatment of narcolepsy without cataplexy

Treatment criteria:

- Must be treated by a qualified sleep medicine practitioner or neurologist.

Clinical criteria:

- The treatment must be for use when therapy with dexamfetamine sulfate poses an unacceptable medical risk; OR
- The treatment must be for use when intolerance to dexamfetamine sulfate is of a severity to necessitate treatment withdrawal, **AND**
- Patient must have experienced excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least 3 months, **AND**
- Patient must have a mean sleep latency less than or equal to 10 minutes on a Multiple Sleep Latency Test (MSLT); OR
- Patient must have an electroencephalographic (EEG) recording showing the pathologically rapid development of REM sleep, **AND**
- Patient must not have any medical or psychiatric disorder that could otherwise account for the hypersomnia.

The presence of any one of the following indicates treatment with dexamfetamine sulfate poses an unacceptable medical risk:

(a) a psychiatric disorder;

(b) a cardiovascular disorder;

(c) a history of substance abuse;

(d) glaucoma;

(e) any other absolute contraindication to dexamfetamine sulfate as specified in the TGA-approved Product Information.

The MSLT must be preceded by nocturnal polysomnography. Sleep prior to the MSLT must be at least 6 hours in duration.

The authority application must be made in writing and must include the following:

(a) a completed authority prescription form; and

(b) a completed Narcolepsy Initial PBS authority application and Supporting information form; and

(c) details of the contraindication or intolerance to dexamfetamine sulfate; and

(d) either:

(i) the result and date of the polysomnography test and Multiple Sleep Latency Test (MSLT) conducted by, or under the supervision of, a qualified sleep medicine practitioner; or

(ii) the result and date of the electroencephalograph (EEG), conducted by, or under the supervision of, a neurologist.

The polysomnography, MSLT or EEG test reports must be provided with the authority application.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Narcolepsy

Treatment Phase: Initial 2 - treatment of narcolepsy with cataplexy

Treatment criteria:

- Must be treated by a qualified sleep medicine practitioner or neurologist.

Clinical criteria:

- The treatment must be for use when therapy with dexamfetamine sulfate poses an unacceptable medical risk; OR
- The treatment must be for use when intolerance to dexamfetamine sulfate is of a severity to necessitate treatment withdrawal, **AND**
- Patient must have experienced excessive daytime sleepiness, recurrent naps or lapses into sleep occurring almost daily for at least 3 months, **AND**
- Patient must have a definite history of cataplexy documented in their medical records for auditing purposes, **AND**
- Patient must not have any medical or psychiatric disorder that could otherwise account for the hypersomnia.

The presence of any one of the following indicates treatment with dexamfetamine sulfate poses an unacceptable medical risk:

(a) a psychiatric disorder;

(b) a cardiovascular disorder;

(c) a history of substance abuse;

(d) glaucoma;

(e) any other absolute contraindication to dexamfetamine sulfate as specified in the TGA-approved Product Information.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Narcolepsy

Treatment Phase: Continuing or change of treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition; OR
- Patient must have previously received PBS-subsidised treatment with armodafinil for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

modafinil 100 mg tablet, 60

8816B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*206.88	41.30	[a] APO-Modafinil [TX] [a] Modafinil GH [GQ] [a] Modafinil Sandoz [SZ]	[a] Modafin [RW] [a] Modafinil Mylan [AF]
		[B]11.30	*218.18	41.30	[a] Modavigil [TB]	

ANTI-DEMENTIA DRUGS

Anticholinesterases

▪ DONEPEZIL

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial 2

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

Application through this treatment restriction must be made in writing.

Where a course of PBS-subsidised treatment with this drug with this strength was approved under the Initial 1 restriction, no more than 1 month's therapy and sufficient repeats to complete 6 months' initial treatment with this strength of this drug will be authorised under this restriction.

Where no prior approval has been issued before this application, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial 2

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

Application through this treatment restriction must be made in writing.

Where a course of PBS-subsidised treatment with this drug with this strength was approved under the Initial 1 restriction, no more than 1 month's therapy and sufficient repeats to complete 6 months' initial treatment with this strength of this drug will be authorised under this restriction.

Where no prior approval has been issued before this application, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

donepezil hydrochloride 10 mg tablet, 28

11924N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.14	23.44	[a] APO-Donepezil [TX]	[a] Arazil [AF]
					[a] Aridon 10 [RW]	[a] Aridon APN 10 [RF]
					[a] Donepezil-DRLA [RZ]	[a] Donepezil GH [HQ]
					[a] Donepezil Sandoz [SZ]	
		[B]9.00	31.14	23.44	[a] Aricept [PF]	

donepezil hydrochloride 5 mg tablet, 28

11922L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.14	23.44	[a] APO-Donepezil [TX]	[a] Arazil [AF]
					[a] Aridon 5 [RW]	[a] Aridon APN 5 [RF]
					[a] Donepezil-DRLA [RZ]	[a] Donepezil GH [HQ]
					[a] Donepezil Sandoz [SZ]	
		[B]3.68	25.82	23.44	[a] Aricept [PF]	

▪ DONEPEZIL

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

10108

Mild to moderately severe Alzheimer disease

Treatment Phase: Continuing

Clinical criteria:

- Patient must have received six months of sole PBS-subsidised initial therapy with this drug and has received a written authority approval, **AND**
- Patient must demonstrate a clinically meaningful response to the initial treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.

Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.

Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.

Clinically meaningful response to treatment is demonstrated in the following areas:

Patient's quality of life including but not limited to level of independence and happiness;

Patient's cognitive function including but not limited to memory, recognition and interest in environment;

Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.

donepezil hydrochloride 10 mg tablet, 28

2479L

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.14	23.44	[a] APO-Donepezil [TX]	[a] Arazil [AF]
					[a] Aridon 10 [RW]	[a] Aridon APN 10 [RF]
					[a] Donepezil-DRLA [RZ]	[a] Donepezil GH [HQ]
					[a] Donepezil Sandoz [SZ]	
		[B]9.00	31.14	23.44	[a] Aricept [PF]	

donepezil hydrochloride 5 mg tablet, 28

2532G

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	22.14	23.44	[a] APO-Donepezil [TX]	[a] Arazil [AF]
					[a] Aridon 5 [RW]	[a] Aridon APN 5 [RF]
					[a] Donepezil-DRLA [RZ]	[a] Donepezil GH [HQ]
					[a] Donepezil Sandoz [SZ]	

[B]3.68	25.82	23.44	[a] Aricept [PF]	

▪ DONEPEZIL

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial 1

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

Up to a maximum of 2 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction. This application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment with this drug with this strength.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial 1

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

Up to a maximum of 2 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction. This application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment with this drug with this strength.

donepezil hydrochloride 10 mg tablet, 28

8496E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	22.14	23.44	[a] APO-Donepezil [TX]	[a] Arazil [AF]
					[a] Aridon 10 [RW]	[a] Aridon APN 10 [RF]
					[a] Donepezil-DRLA [RZ]	[a] Donepezil GH [HQ]
					[a] Donepezil Sandoz [SZ]	
		[B]9.00	31.14	23.44	[a] Aricept [PF]	

donepezil hydrochloride 5 mg tablet, 28

8495D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	22.14	23.44	[a] APO-Donepezil [TX]	[a] Arazil [AF]
					[a] Aridon 5 [RW]	[a] Aridon APN 5 [RF]
					[a] Donepezil-DRLA [RZ]	[a] Donepezil GH [HQ]
					[a] Donepezil Sandoz [SZ]	
		[B]3.68	25.82	23.44	[a] Aricept [PF]	

▪ GALANTAMINE

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial 2

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

Application through this treatment restriction must be made in writing.

Where a course of PBS-subsidised treatment with this drug with this strength was approved under the Initial 1 restriction, no more than 1 month's therapy and sufficient repeats to complete 6 months' initial treatment with this strength of this drug will be authorised under this restriction.

Where no prior approval has been issued before this application, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial 2

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below. Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

Application through this treatment restriction must be made in writing.

Where a course of PBS-subsidised treatment with this drug with this strength was approved under the Initial 1 restriction, no more than 1 month's therapy and sufficient repeats to complete 6 months' initial treatment with this strength of this drug will be authorised under this restriction.

Where no prior approval has been issued before this application, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

galantamine 16 mg modified release capsule, 28

11918G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	38.84	40.14	[a] APO-Galantamine MR [TX] [a] Gamine XR [RW]	[a] Galantyl [AF] [a] Reminyl [JC]

galantamine 8 mg modified release capsule, 28

11917F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	33.96	35.26	[a] APO-Galantamine MR [TX] [a] Gamine XR [RW]	[a] Galantyl [AF] [a] Reminyl [JC]

galantamine 24 mg modified release capsule, 28

11899G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	43.97	41.30	[a] APO-Galantamine MR [TX] [a] Gamine XR [RW]	[a] Galantyl [AF] [a] Reminyl [JC]

▪ GALANTAMINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

10108

Mild to moderately severe Alzheimer disease

Treatment Phase: Continuing

Clinical criteria:

- Patient must have received six months of sole PBS-subsidised initial therapy with this drug and has received a written authority approval, **AND**
- Patient must demonstrate a clinically meaningful response to the initial treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.

Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.

Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.

Clinically meaningful response to treatment is demonstrated in the following areas:

Patient's quality of life including but not limited to level of independence and happiness;

Patient's cognitive function including but not limited to memory, recognition and interest in environment;

Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.

galantamine 16 mg modified release capsule, 28

2537M (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	38.84	40.14	[a] APO-Galantamine MR [TX] [a] Gamine XR [RW]	[a] Galantyl [AF] [a] Reminyl [JC]

galantamine 8 mg modified release capsule, 28

2463P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	33.96	35.26	[a] APO-Galantamine MR [TX] [a] Gamine XR [RW]	[a] Galantyl [AF] [a] Reminyl [JC]

galantamine 24 mg modified release capsule, 28

2531F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	43.97	41.30	[a] APO-Galantamine MR [TX] [a] Gamine XR [RW]	[a] Galantyl [AF] [a] Reminyl [JC]

▪ GALANTAMINE

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial 1

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

Up to a maximum of 2 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction. This application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment with this drug with this strength.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial 1

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

Up to a maximum of 2 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction. This application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment with this drug with this strength.

galantamine 16 mg modified release capsule, 28

8771P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	38.84	40.14	[a] APO-Galantamine MR [TX] [a] Gamine XR [RW]	[a] Galantyl [AF] [a] Reminyl [JC]

galantamine 8 mg modified release capsule, 28

8770N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	33.96	35.26	[a] APO-Galantamine MR [TX]	[a] Galantyl [AF]

						[a] Gamine XR [RW]	[a] Reminyl [JC]

galantamine 24 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8772Q	1	1	..	43.97	41.30	[a] APO-Galantamine MR [TX] [a] Gamine XR [RW]	[a] Galantyl [AF] [a] Reminyl [JC]

▪ RIVASTIGMINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

10108

Mild to moderately severe Alzheimer disease

Treatment Phase: Continuing

Clinical criteria:

- Patient must have received six months of sole PBS-subsidised initial therapy with this drug and has received a written authority approval, **AND**
- Patient must demonstrate a clinically meaningful response to the initial treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.

Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.

Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.

Clinically meaningful response to treatment is demonstrated in the following areas:

Patient's quality of life including but not limited to level of independence and happiness;

Patient's cognitive function including but not limited to memory, recognition and interest in environment;

Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.

rivastigmine 4.5 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2494G NP	1	5	..	89.30	41.30	Exelon [NV]

rivastigmine 9.5 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2551G NP	1	5	..	81.58	41.30	Exelon Patch 10 [NV]

rivastigmine 3 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2493F NP	1	5	..	89.30	41.30	Exelon [NV]

rivastigmine 13.3 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10538P NP	1	5	..	81.58	41.30	Exelon Patch 15 [NV]

rivastigmine 1.5 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2475G NP	1	5	..	89.30	41.30	Exelon [NV]

rivastigmine 6 mg capsule, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2526Y NP	1	5	..	89.30	41.30	Exelon [NV]

rivastigmine 4.6 mg/24 hours patch, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2477J NP	1	5	..	81.58	41.30	Exelon Patch 5 [NV]

▪ RIVASTIGMINE

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial 1

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more, **AND**

- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

Up to a maximum of 2 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction. This application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment with this drug with this strength.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial 1

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

Up to a maximum of 2 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction. This application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment with this drug with this strength.

rivastigmine 4.5 mg capsule, 56

8499H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	..	89.30	41.30	Exelon [NV]

rivastigmine 9.5 mg/24 hours patch, 30

9162F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	..	81.58	41.30	Exelon Patch 10 [NV]

rivastigmine 3 mg capsule, 56

8498G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	..	89.30	41.30	Exelon [NV]

rivastigmine 13.3 mg/24 hours patch, 30

10541T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	..	81.58	41.30	Exelon Patch 15 [NV]

rivastigmine 1.5 mg capsule, 56

8497F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	..	89.30	41.30	Exelon [NV]

rivastigmine 6 mg capsule, 56

8500J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	..	89.30	41.30	Exelon [NV]

rivastigmine 4.6 mg/24 hours patch, 30

9161E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	..	81.58	41.30	Exelon Patch 5 [NV]

▪ RIVASTIGMINE

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial 2

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 or more, **AND**

- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE. If this score is 25 - 30 points, the result of a baseline Alzheimer Disease Assessment Scale, cognitive sub-scale (ADAS-Cog) may also be specified.

Application through this treatment restriction must be made in writing.

Where a course of PBS-subsidised treatment with this drug with this strength was approved under the Initial 1 restriction, no more than 1 month's therapy and sufficient repeats to complete 6 months' initial treatment with this strength of this drug will be authorised under this restriction.

Where no prior approval has been issued before this application, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

Authority required

Mild to moderately severe Alzheimer disease

Treatment Phase: Initial 2

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 or more for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

Application through this treatment restriction must be made in writing.

Where a course of PBS-subsidised treatment with this drug with this strength was approved under the Initial 1 restriction, no more than 1 month's therapy and sufficient repeats to complete 6 months' initial treatment with this strength of this drug will be authorised under this restriction.

Where no prior approval has been issued before this application, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

rivastigmine 4.5 mg capsule, 56

11923M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	89.30	41.30	Exelon [NV]

rivastigmine 9.5 mg/24 hours patch, 30

11903L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	81.58	41.30	Exelon Patch 10 [NV]

rivastigmine 3 mg capsule, 56

11901J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	89.30	41.30	Exelon [NV]

rivastigmine 13.3 mg/24 hours patch, 30

11904M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	81.58	41.30	Exelon Patch 15 [NV]

rivastigmine 1.5 mg capsule, 56

11925P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	89.30	41.30	Exelon [NV]

rivastigmine 6 mg capsule, 56

11916E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	89.30	41.30	Exelon [NV]

rivastigmine 4.6 mg/24 hours patch, 30

11912Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	5	..	81.58	41.30	Exelon Patch 5 [NV]

Other anti-dementia drugs

▪ MEMANTINE

Authority required

Moderately severe Alzheimer disease

Treatment Phase: Initial 2

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 to 14, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE of 10 to 14.

Application through this treatment restriction must be made in writing.

Where a course of PBS-subsidised treatment with this drug with this strength was approved under the Initial 1 restriction, no more than 1 month's therapy and sufficient repeats to complete 6 months' initial treatment with this strength of this drug will be authorised under this restriction.

Where no prior approval has been issued before this application, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

Authority required

Moderately severe Alzheimer disease

Treatment Phase: Initial 2

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 to 14 for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

Application through this treatment restriction must be made in writing.

Where a course of PBS-subsidised treatment with this drug with this strength was approved under the Initial 1 restriction, no more than 1 month's therapy and sufficient repeats to complete 6 months' initial treatment with this strength of this drug will be authorised under this restriction.

Where no prior approval has been issued before this application, up to a maximum of 1 month's therapy plus 5 repeats will be authorised.

memantine hydrochloride 10 mg tablet, 56

11902K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	42.28	41.30	[a] APO-Memantine [TX]	[a] Ebixa [LU]
					[a] Memantine generichealth [GQ]	[a] Memanxa [RW]

memantine hydrochloride 20 mg tablet, 28

11905N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	42.28	41.30	[a] APO-Memantine [TX]	[a] Ebixa [LU]
					[a] Memantine generichealth [GQ]	

▪ MEMANTINE

Authority required

Moderately severe Alzheimer disease

Treatment Phase: Initial 1

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 10 to 14, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

The authority application must include the result of the baseline MMSE or SMMSE of 10 to 14.

Up to a maximum of 2 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction. This application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment with this drug with this strength.

Authority required

Moderately severe Alzheimer disease

Treatment Phase: Initial 1

Clinical criteria:

- Patient must have a baseline Mini-Mental State Examination (MMSE) or Standardised Mini-Mental State Examination (SMMSE) score of 9 or less, **AND**
- The condition must be confirmed by, or in consultation with, a specialist/consultant physician (including a psychiatrist), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient who is unable to register a score of 10 to 14 for reasons other than their Alzheimer disease, as specified below.

Such patients will need to be assessed using the Clinicians Interview Based Impression of Severity (CIBIS) scale. The authority application must include the result of the baseline (S)MMSE and specify to which group(s) (see below) the patient belongs.

Patients who qualify under this criterion are from 1 or more of the following groups:

(1) Unable to communicate adequately because of lack of competence in English, in people of non-English speaking background;

(2) Limited education, as defined by less than 6 years of education, or who are illiterate or innumerate;

(3) Aboriginal or Torres Strait Islanders who, by virtue of cultural factors, are unable to complete an (S)MMSE test;

(4) Intellectual (developmental or acquired) disability, eg Down's syndrome;

(5) Significant sensory impairment despite best correction, which precludes completion of an (S)MMSE test;

(6) Prominent dysphasia, out of proportion to other cognitive and functional impairment.

Up to a maximum of 2 months' initial therapy will be authorised for this drug, for this strength under this treatment restriction. This application must be followed by a written authority application for no more than 1 month's therapy and sufficient repeats to complete a maximum of up to 6 months' initial treatment with this drug with this strength.

memantine hydrochloride 10 mg tablet, 56

1956Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	42.28	41.30	[a] APO-Memantine [TX]	[a] Ebixa [LU]
					[a] Memantine generichealth [GQ]	[a] Memanxa [RW]

memantine hydrochloride 20 mg tablet, 28

9306T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	42.28	41.30	[a] APO-Memantine [TX]	[a] Ebixa [LU]
					[a] Memantine generichealth [GQ]	

▪ MEMANTINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

10104

Moderately severe Alzheimer disease

Treatment Phase: Continuing

Clinical criteria:

- Patient must have received six months of sole PBS-subsidised initial therapy with this drug and has received a written authority approval, **AND**
- Patient must demonstrate a clinically meaningful response to the initial treatment, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Prior to continuing treatment, a comprehensive assessment must be undertaken and documented, involving the patient, the patient's family or carer and the treating physician to establish agreement that treatment is continuing to produce worthwhile benefit.

Treatment should cease if there is no agreement of benefit as there is always the possibility of harm from unnecessary use.

Re-assessments for a clinically meaningful response are to be undertaken and documented every six months.

Clinically meaningful response to treatment is demonstrated in the following areas:

Patient's quality of life including but not limited to level of independence and happiness;

Patient's cognitive function including but not limited to memory, recognition and interest in environment;

Patient's behavioural symptoms, including but not limited to hallucination, delusions, anxiety, marked agitation or associated aggressive behaviour.

memantine hydrochloride 10 mg tablet, 56

2492E

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	42.28	41.30	[a] APO-Memantine [TX]	[a] Ebixa [LU]
					[a] Memantine generichealth [GQ]	[a] Memanxa [RW]

memantine hydrochloride 20 mg tablet, 28

2513G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	42.28	41.30	[a] APO-Memantine [TX] [a] Memantine generichealth [GQ]	[a] Ebixa [LU]

NP

▪ OTHER NERVOUS SYSTEM DRUGS

PARASYMPATHOMIMETICS

Anticholinesterases

▪ PYRIDOSTIGMINE

pyridostigmine bromide 180 mg modified release tablet, 50

2608G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*117.80	41.30	Mestinon Timespan [IL]

pyridostigmine bromide 10 mg tablet, 50

2724J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*24.98	26.28	Mestinon [IL]

pyridostigmine bromide 60 mg tablet, 150

1959D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	60.00	41.30	Mestinon [IL]

Choline esters

▪ BETHANECHOL

bethanechol chloride 10 mg tablet, 100

1062X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	35.01	36.31	Uro-Carb [YN]

NP

DRUGS USED IN ADDICTIVE DISORDERS

Drugs used in nicotine dependence

▪ BUPROPION

Note Clinical review is recommended within 2 to 3 weeks of the original prescription being requested.
Note The period between commencing a course of bupropion hydrochloride and varenicline tartrate must be at least 6 months.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6881

Nicotine dependence

Treatment Phase: Completion of a short-term (9 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug during this current course of treatment, **AND**
- Patient must not receive more than 9 weeks of PBS-subsidised treatment with this drug per 12-month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program.

bupropion hydrochloride 150 mg modified release tablet, 90

8710K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	169.11	41.30	Zyban [AS]

NP

▪ BUPROPION

Note Clinical review is recommended within 2 to 3 weeks of the original prescription being requested.
Note The period between commencing a course of bupropion hydrochloride and varenicline tartrate must be at least 6 months.
Note A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6882

Nicotine dependence

Treatment Phase: Commencement of a short-term (9 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have indicated they are ready to cease smoking, **AND**
- Patient must not receive more than 9 weeks of PBS-subsidised treatment with this drug per 12-month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or is about to enter such a program at the time PBS-subsidised treatment is initiated.

Details of the support and counselling program must be documented in the patient's medical records at the time treatment is initiated.

bupropion hydrochloride 150 mg modified release tablet, 30

8465M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	63.52	41.30	Zyban [AS]

▪ NICOTINE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Nicotine dependence

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have indicated they are ready to cease smoking, **AND**
- Patient must not receive more than 12 weeks of PBS-subsidised nicotine replacement therapy per 12-month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or is about to enter such a program at the time PBS-subsidised treatment is initiated.

Details of the support and counselling program must be documented in the patient's medical records at the time treatment is initiated.

nicotine 7 mg/24 hours patch, 28

5573H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	49.96	41.30	Nicotinell Step 3 [ON]

nicotine 14 mg/24 hours patch, 28

5572G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	49.96	41.30	Nicotinell Step 2 [ON]

nicotine 21 mg/24 hours patch, 28

3414Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	49.96	41.30	Nicotinell Step 1 [ON]

▪ NICOTINE

Note Only 2 courses of PBS-subsidised nicotine replacement therapy may be prescribed per 12-month period. Benefit is improved if used in conjunction with a comprehensive support and counselling program.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Nicotine dependence

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition.

nicotine 21 mg/24 hours patch, 28

5571F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	49.96	41.30	Nicotinell Step 1 [ON]

▪ NICOTINE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Nicotine dependence

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Clinical criteria:

- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Only 2 courses of PBS-subsidised nicotine replacement therapy may be prescribed per 12-month period. Benefit is improved if used in conjunction with a comprehensive support and counselling program.

Restricted benefit

Nicotine dependence

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have indicated they are ready to cease smoking, **AND**
- Patient must not receive more than 12 weeks of PBS-subsidised nicotine replacement therapy per 12-month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or is about to enter such a program at the time PBS-subsidised treatment is initiated.

Details of the support and counselling program must be documented in the patient's medical records at the time treatment is initiated.

nicotine 4 mg lozenge, 216

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11619M NP	1	2	..	49.96	41.30	Nicotinell [ON]

nicotine 2 mg lozenge, 216

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11617K NP	1	2	..	49.96	41.30	Nicotinell [ON]

nicotine 21 mg/24 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5465P NP	1	2	..	49.96	41.30	Nicabate P [GJ]

nicotine 25 mg/16 hours patch, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10076H NP	1	2	..	49.96	41.30	nicorette 16hr Invisipatch [JT]

nicotine 4 mg chewing gum, 216

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11612E NP	1	2	..	49.96	41.30	Nicotinell [ON]

nicotine 2 mg chewing gum, 216

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11618L NP	2	1	..	*68.90	41.30	Nicotinell [ON]

▪ VARENICLINE

Note A course of treatment with this drug is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful.

Note A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6885

Nicotine dependence

Treatment Phase: Completion of a short-term (24 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug during this current course of treatment, **AND**
- Patient must have ceased smoking in the process of completing an initial 12-weeks or ceased smoking following an initial 12-weeks of PBS-subsidised treatment with this drug in the current course of treatment.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program.

varenicline 1 mg tablet, 56

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5469W NP	1	2	..	100.69	41.30	Champix [PF]

▪ VARENICLINE

Note A course of treatment with this drug is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful.

Note A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

7483

Nicotine dependence

Treatment Phase: Continuation of a short-term (12 weeks or 24 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received treatment with this drug during this current course of treatment.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program.

varenicline 1 mg tablet, 56

9129L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*193.16	41.30	Champix [PF]

NP

▪ VARENICLINE

Note A course of treatment with this drug is 12 weeks or up to 24 weeks, if initial treatment of 12 weeks has been successful.
Note The period between commencing varenicline and bupropion or a new course of varenicline must be at least 6 months.
Note A patient may only qualify for PBS-subsidised treatment under this treatment phase restriction once during a short-term course of treatment.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6871

Nicotine dependence

Treatment Phase: Commencement of a short-term (12 weeks or 24 weeks) course of treatment

Clinical criteria:

- The treatment must be as an aid to achieving abstinence from smoking, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have indicated they are ready to cease smoking, **AND**
- Patient must not receive more than 24 weeks of PBS-subsidised treatment with this drug per 12-month period.

Treatment criteria:

- Patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or is about to enter such a program at the time PBS-subsidised treatment is initiated.

Details of the support and counselling program must be documented in the patient's medical records at the time treatment is initiated.

Clinical review is recommended within 2 to 3 weeks of the initial prescription being requested.

varenicline 500 microgram tablet [11] (&) varenicline 1 mg tablet [42], 53

9128K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	87.24	41.30	Champix [PF]

NP

Drugs used in alcohol dependence

▪ ACAMPROSATE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

5366

Alcohol dependence

Clinical criteria:

- The treatment must be part of a comprehensive treatment program with the goal of maintaining abstinence.

acamprosate calcium 333 mg enteric tablet, 180

8357W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	103.07	41.30	[a] Acamprosate Mylan [AL] [a] Campral [AF]	[a] APO-Acamprosate [TX]

NP

▪ NALTREXONE

Caution Naltrexone hydrochloride is contraindicated in patients receiving opioid drugs.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required

Alcohol dependence

Clinical criteria:

- The treatment must be part of a comprehensive treatment program with the goal of maintaining abstinence.

naltrexone hydrochloride 50 mg tablet, 30

8370M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	130.46	41.30	[a] APO-Naltrexone [TX]	[a] Naltrexone GH [GQ]

OTHER NERVOUS SYSTEM DRUGS

Other nervous system drugs

▪ RILUZOLE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Amyotrophic lateral sclerosis

Treatment Phase: Initial treatment

Clinical criteria:

- The condition must be diagnosed by a neurologist, **AND**
- Patient must not have had the disease for more than 5 years, **AND**
- Patient must have at least 60 percent of predicted forced vital capacity within the 2 months before commencing therapy with this drug, **AND**
- Patient must be ambulatory; OR
- Patient must not be ambulatory, and must be able to either use upper limbs or to swallow, **AND**
- Patient must not have undergone a tracheostomy, **AND**
- Patient must not have experienced respiratory failure.

The date of diagnosis and the date and results of spirometry (in terms of percent of predicted forced vital capacity) must be supplied with the initial authority application.

Authority required

Amyotrophic lateral sclerosis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition, **AND**
- Patient must be ambulatory; OR
- Patient must not be ambulatory, and must be able to either use upper limbs or to swallow, **AND**
- Patient must not have undergone a tracheostomy, **AND**
- Patient must not have experienced respiratory failure.

riluzole 50 mg/10 mL oral liquid, 300 mL

11662T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*244.46	41.30	Teglutik [CS]

riluzole 50 mg tablet, 56

8664B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	208.49	41.30	[a] APO-Riluzole [TX] [a] Rilutek [SW]	[a] Pharmacor Riluzole [CR] [a] Riluzole Sandoz [SZ]

▪ TETRABENAZINE

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5340

Hyperkinetic extrapyramidal disorders

tetrabenazine 25 mg tablet, 112

1330B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	311.10	41.30	iNova Pharmaceuticals (Australia) Pty Ltd [IL]

▪ ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS

▪ ANTIPROTOZOALS

AGENTS AGAINST AMOEBIASIS AND OTHER PROTOZOAL DISEASES

Other agents against amoebiasis and other protozoal diseases

▪ ATOVAQUONE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)
5609
Mild to moderate Pneumocystis carinii pneumonia
Population criteria:
- Patient must be an adult, **AND**
- Patient must be intolerant of trimethoprim/sulfamethoxazole therapy.

atovaquone 750 mg/5 mL oral liquid, 210 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8300W NP	‡1	..	..	981.10	41.30	Wellvone [AS]

ANTIMALARIALS

Biguanides

▪ ATOVAQUONE + PROGUANIL

Note This drug is not PBS-subsidised for prophylaxis of malaria.
Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit
Confirmed or suspected Plasmodium falciparum malaria
Population criteria:
- Patient must be aged 3 years or older.

Clinical criteria:
- The treatment must be used where quinine containing regimens are inappropriate.

atovaquone 250 mg + proguanil hydrochloride 100 mg tablet, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9439T NP	1	..	..	67.15	41.30	Malarone [GK]

Methanolquinolines

▪ QUININE

Caution Severe thrombocytopenia has been reported with this drug.

Authority required (STREAMLINED)
5633
Malaria

quinine sulfate dihydrate 300 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1975Y NP	1	2	..	20.90	22.20	Quinate [RW]

Artemisinin and derivatives, combinations

▪ ARTEMETHER + LUMEFANTRINE

Note This drug is not PBS-subsidised for prophylaxis of malaria.

Restricted benefit
Confirmed or suspected Plasmodium falciparum malaria
Clinical criteria:
- Patient must be unable to swallow a solid dosage form of artemether with lumefantrine.

artemether 20 mg + lumefantrine 120 mg dispersible tablet, 18

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5296R	1	..	..	100.54	41.30	Riamet 20mg/120mg Dispersible [SZ]

▪ ARTEMETHER + LUMEFANTRINE

Note This drug is not PBS-subsidised for prophylaxis of malaria.

Restricted benefit
Confirmed or suspected Plasmodium falciparum malaria

artemether 20 mg + lumefantrine 120 mg tablet, 24

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9498X	1	..	..	82.41	41.30	Riamet [SZ]

ANTHELMINTICS

ANTITREMATODALS

Quinoline derivatives and related substances

PRAZIQUANTEL

Authority required (STREAMLINED)

5659

Schistosomiasis

praziquantel 600 mg tablet, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9447F	1	..	..	37.68	38.98	Biltricide [BN]
NP						

ANTINEMATODAL AGENTS

Benzimidazole derivatives

ALBENDAZOLE

Authority required (STREAMLINED)

5607

Hydatid disease

Clinical criteria:

- The treatment must be in conjunction with surgery; OR
- The treatment must be used when a surgical cure cannot be achieved; OR
- The treatment must be used when surgery cannot be used.

albendazole 400 mg tablet, 60

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8459F	1	2	..	169.24	41.30	Eskazole [AS]

ALBENDAZOLE

Authority required (STREAMLINED)

5680

Tapeworm infestation

albendazole 200 mg tablet, 6

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8503M	1	1	..	35.73	37.03	Zentel [AS]
NP						

ALBENDAZOLE

Authority required (STREAMLINED)

5817

Whipworm infestation

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

Authority required (STREAMLINED)

5712

Strongyloidiasis

Authority required (STREAMLINED)

5797

Hookworm infestation

albendazole 200 mg tablet, 6

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9047E	1	..	..	35.73	37.03	Zentel [AS]
NP						

Tetrahydropyrimidine derivatives

PYRANTEL

pyrantel 250 mg tablet, 6

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3048K	1	..	..	23.64	24.94	Anthel 250 [AF]
NP						

pyrantel 125 mg tablet, 6

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3047J	1	..	..	17.86	19.16	Anthel 125 [AF]
NP						

Avermectines

▪ IVERMECTIN

Authority required (STREAMLINED)

4319

Onchocerciasis

ivermectin 3 mg tablet, 4

8359Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	29.66	30.96	Stromectol [MK]

NP

▪ IVERMECTIN

Authority required (STREAMLINED)

4328

Strongyloidiasis

Authority required (STREAMLINED)

4565

Crusted (Norwegian) scabies

Clinical criteria:

- The condition must be established by clinical and/or parasitological examination, **AND**
- Patient must be undergoing topical therapy for this condition; OR
- Patient must have a contraindication to topical treatment.

Population criteria:

- Patient must weigh 15 kg or over, **AND**
- Patient must be 5 years of age or older.

Authority required (STREAMLINED)

4566

Human sarcoptic scabies

Clinical criteria:

- The condition must be established by clinical and/or parasitological examination, **AND**
- Patient must have completed and failed sequential treatment with topical permethrin and benzyl benzoate and finished the most recent course of topical therapy at least 4 weeks prior to initiating oral therapy; OR
- Patient must have a contraindication to topical treatment.

Population criteria:

- Patient must weigh 15 kg or over, **AND**
- Patient must be 5 years of age or older.

Note This drug is not PBS-subsidised for first line treatment of typical scabies.

ivermectin 3 mg tablet, 4

2868Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*47.24	41.30	Stromectol [MK]

NP

▪ ECTOPARASITICIDES, INCL. SCABICIDES, INSECTICIDES AND REPELLENTS

ECTOPARASITICIDES, INCL. SCABICIDES

Pyrethrines, incl. synthetic compounds

▪ PERMETHRIN

permethrin 5% cream, 30 g

3054R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	19.39	20.69	Lyclear [JT]

NP

▪ RESPIRATORY SYSTEM

▪ NASAL PREPARATIONS

DECONGESTANTS AND OTHER NASAL PREPARATIONS FOR TOPICAL USE

Other nasal preparations

▪ MUPIROCIN

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6647

Staphylococcus aureus infection

Clinical criteria:

- Patient must have nasal colonisation with the bacteria.

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person.

mupirocin 2% ointment, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11822F NP	‡1	..	..	25.60	26.90	Mupirocin Nasal (Medsurge) [DZ]

mupirocin 2% ointment, 3 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9440W NP	‡1	..	..	25.60	26.90	Bactroban [GK]

▪ DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

ADRENERGICS, INHALANTS

Selective beta-2-adrenoreceptor agonists

▪ FORMOTEROL (EFORMOTEROL)

Restricted benefit

Asthma

Clinical criteria:

- Patient must experience frequent episodes of the condition, **AND**
- Patient must be currently receiving treatment with oral corticosteroids; OR
- Patient must be currently receiving treatment with optimal doses of inhaled corticosteroids.

formoterol (eformoterol) fumarate dihydrate 6 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8239P NP	‡1	5	..	26.19	27.49	Oxis Turbuhaler [AP]

formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8240Q NP	‡1	5	..	33.28	34.58	Oxis Turbuhaler [AP]

formoterol (eformoterol) fumarate dihydrate 12 microgram powder for inhalation, 60 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8136F NP	1	5	..	33.92	35.22	Foradile [SZ]

▪ INDACATEROL

Note This drug is not PBS-subsidised for the treatment of asthma.

Note The treatment must not be used in combination with an ICS/LABA, or LAMA/LABA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note An ICS/LABA includes budesonide/formoterol, fluticasone/salmeterol, or fluticasone/vilanterol

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

indacaterol 150 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5134F NP	1	5	..	60.41	41.30	Onbrez [NV]

indacaterol 300 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5137J NP	1	5	..	60.41	41.30	Onbrez [NV]

▪ SALBUTAMOL

Note Pharmaceutical benefits that have the form salbutamol 100 microgram/actuation inhalation, 200 actuations are equivalent for the purposes of substitution.

salbutamol 100 microgram/actuation inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12109H NP	2	5	..	*21.74	23.04	[a] Zempreon CFC-Free with dose counter [AL]	
			[B]5.00	*26.74	23.04	[a] Asmol CFC-Free with dose counter [AF]	[a] Ventolin CFC-Free with dose counter [GK]

salbutamol 100 microgram/actuation inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8288F NP	2	5	..	*20.46	21.76	[a] Asmol CFC-free [AL]

▪ SALBUTAMOL

Restricted benefit

Bronchospasm

Clinical criteria:

- Patient must be unable to achieve co-ordinated use of other metered dose inhalers containing this drug.

salbutamol 100 microgram/actuation breath activated inhalation, 200 actuations

8354Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*40.06	41.30	Airomir Autohaler [IL]

NP

▪ SALBUTAMOL

Note Pharmaceutical benefits that have a 30 x 2 pack size and a 20 x 3 pack size are equivalent for the purposes of substitution**.**

Restricted benefit

Asthma

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

salbutamol 5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

2001H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	5	..	*20.50	21.80	[a] APO-Salbutamol [TX] [a] Salbutamol Cipla [LR]	[a] Salbutamol AN [ED]
		[B]0.50	*21.00	21.80	[a] Asmol 5 uni-dose [AF]	

NP

salbutamol 2.5 mg/2.5 mL inhalation solution, 30 x 2.5 mL ampoules

2000G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*20.08	21.38	[a] Salbutamol Cipla [LR]
		[B]0.50	*20.58	21.38	[a] Asmol 2.5 uni-dose [AF]

NP

salbutamol 2.5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules

11130T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	[B]5.01	*25.09	21.38	[a] Ventolin Nebules [GK]

NP

salbutamol 5 mg/2.5 mL inhalation solution, 20 x 2.5 mL ampoules

11095Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	[B]4.98	*25.48	21.80	[a] Ventolin Nebules [GK]

NP

▪ SALMETEROL

Restricted benefit

Asthma

Clinical criteria:

- Patient must experience frequent episodes of the condition, **AND**
- Patient must be currently receiving treatment with oral corticosteroids; OR
- Patient must be currently receiving treatment with optimal doses of inhaled corticosteroids.

salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

8141L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	33.92	35.22	Serevent Accuhaler [GK]

NP

▪ TERBUTALINE

Authority required (STREAMLINED)

9828

Bronchospasm

Clinical criteria:

- Patient must be unable to achieve co-ordinated use of a metered dose inhaler containing a short-acting beta-2 agonist; OR
- Patient must have developed a clinically important product-related adverse event during treatment with another short-acting beta-2 agonist.

Device (inhaler) technique should be reviewed at each clinical visit and before initiating treatment with this medicine.

terbutaline sulfate 500 microgram/actuation powder for inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12267P NP	2	5	..	*26.74	28.04	Bricanyl Turbuhaler [AP]

Adrenergics in combination with corticosteroids or other drugs, excl. anticholinergics

▪ BECLOMETASONE + FORMOTEROL (EFORMOTEROL)

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Note This product is not PBS-subsidised for use as 'maintenance and reliever' therapy.

Note This product is not PBS-subsidised for use as 'anti-inflammatory reliever' therapy for mild asthma.

Authority required (STREAMLINED)

11057

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 18 years or older.

beclometasone dipropionate 100 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12183F NP	‡1	5	..	44.00	41.30	Fostair [EU]

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD) or for allergen-induced or exercise-induced bronchoconstriction in the absence of asthma.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Authority required (STREAMLINED)

10482

Mild asthma

Clinical criteria:

- Patient must have asthma and require an anti-inflammatory reliever therapy, **AND**
- Patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA).

Population criteria:

- Patient must be aged 12 years or over.

Device (inhaler) technique should be reviewed at each clinical visit and before initiating treatment with this medicine.

budesonide 100 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 3 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12042T NP	‡2	2	..	*48.46	41.30	Symbicort Rapihaler 100/3 [AP]

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note Pharmaceutical benefits that have the brand BiResp Spiromax 200/6 powder for inhalation, 120 actuations, DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and Symbicort Turbuhaler 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.

Note Patient must be aged 18 years or older.

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD) or for allergen-induced or exercise-induced bronchoconstriction in the absence of asthma.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Authority required (STREAMLINED)

10464

Mild asthma

Clinical criteria:

- Patient must have asthma and require an anti-inflammatory reliever therapy, **AND**
- Patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA).

Device (inhaler) technique should be reviewed at each clinical visit and before initiating treatment with this medicine.

budesonide 200 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

12029D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	2	..	44.00	41.30	[a] BiResp Spiromax [TB]	[a] DuoResp Spiromax [AF]

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and pharmaceutical benefits that have the brand Symbicort Turbuhaler 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.

Note Patient must be aged 12 years or over.

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD) or for allergen-induced or exercise-induced bronchoconstriction in the absence of asthma.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Authority required (STREAMLINED)

10464

Mild asthma

Clinical criteria:

- Patient must have asthma and require an anti-inflammatory reliever therapy, **AND**
- Patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA).

Device (inhaler) technique should be reviewed at each clinical visit and before initiating treatment with this medicine.

budesonide 200 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

12041R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	44.00	41.30	[a] Symbicort Turbuhaler 200/6 [AP]

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

4380

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

Population criteria:

- Patient must be aged 12 years or over.

budesonide 100 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

8796Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	48.66	41.30	Symbicort Turbuhaler 100/6 [AP]

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

4397

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR

- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist.

Population criteria:

- Patient must be aged 12 years or over.

budesonide 50 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 3 microgram/actuation inhalation, 120 actuations

10024N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*46.84	41.30	Symbicort Rapihaler 50/3 [AP]

budesonide 100 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 3 microgram/actuation inhalation, 120 actuations

10015D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*48.46	41.30	Symbicort Rapihaler 100/3 [AP]

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note Unlike Symbicort Turbuhaler 200/6, Symbicort Rapihaler 200/6 is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy as the approved Product Information does not specify such use.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

10538

Asthma

Clinical criteria:

- Patient must have failed PBS-subsidised fluticasone proprionate and salmeterol as a fixed dose combination for this condition.

Treatment criteria:

- Must be treated by a respiratory physician; OR
- Must be treated by a paediatrician.

budesonide 200 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

12082X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*72.02	41.30	Symbicort Rapihaler 200/6 [AP]

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

10538

Asthma

Clinical criteria:

- Patient must have failed PBS-subsidised fluticasone proprionate and salmeterol as a fixed dose combination for this condition.

Treatment criteria:

- Must be treated by a respiratory physician; OR
- Must be treated by a paediatrician.

budesonide 100 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

12101X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	48.66	41.30	Symbicort Turbuhaler 100/6 [AP]

budesonide 50 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 3 microgram/actuation inhalation, 120 actuations

12100W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*46.84	41.30	Symbicort Rapihaler 50/3 [AP]

budesonide 200 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

12093L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	44.00	41.30	[a] BiResp Spiromax [TB] [a] Symbicort Turbuhaler 200/6 [AP]	[a] DuoResp Spiromax [AF]

budesonide 100 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 3 microgram/actuation inhalation, 120 actuations

12089G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡2	5	..	*48.46	41.30	Symbicort Rapihaler 100/3 [AP]

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note Pharmaceutical benefits that have the brand BiResp Spiromax 200/6 powder for inhalation, 120 actuations, DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and Symbicort Turbuhaler 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.

Note Patient must be aged 18 years or older.

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

7970

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

budesonide 200 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

11273H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	44.00	41.30	[a] BiResp Spiromax [TB]	[a] DuoResp Spiromax [AF]

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 200/6 powder for inhalation, 120 actuations and pharmaceutical benefits that have the brand Symbicort Turbuhaler 200/6 powder for inhalation, 120 actuations are equivalent for the purposes of substitution.

Note Patient must be aged 12 years or over.

Note This product is not indicated for the initiation of treatment in asthma

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

7970

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with oral or inhaled corticosteroids and require single maintenance and reliever therapy; OR
- Patient must have experienced frequent asthma symptoms while receiving treatment with a combination of an inhaled corticosteroid and long acting beta-2 agonist and require single maintenance and reliever therapy.

budesonide 200 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 6 microgram/actuation powder for inhalation, 120 actuations

8625Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	44.00	41.30	[a] Symbicort Turbuhaler 200/6 [AP]

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Authority required (STREAMLINED)

4404
Asthma
Clinical criteria:
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:
- Patient must be aged 12 years or over.

Note Unlike Symbicort Turbuhaler 200/6, Symbicort Rapihaler 200/6 is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy as the approved Product Information does not specify such use.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)
10121
Chronic obstructive pulmonary disease (COPD)
Clinical criteria:
- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

budesonide 200 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 6 microgram/actuation inhalation, 120 actuations

10018G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*72.02	41.30	Symbicort Rapihaler 200/6 [AP]

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note Pharmaceutical benefits that have the brand BiResp Spiromax 400/12 powder for inhalation, 2 x 60 actuations, DuoResp Spiromax 400/12 powder for inhalation, 2 x 60 actuations and Symbicort Turbuhaler 400/12 powder for inhalation, 2 x 60 actuations are equivalent for the purposes of substitution.

Authority required (STREAMLINED)
7979
Asthma
Clinical criteria:
- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Note Patient must be aged 18 years or older.

Note Symbicort 400/12 is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)
10121
Chronic obstructive pulmonary disease (COPD)
Clinical criteria:
- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

budesonide 400 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 2 x 60 actuations

11301T (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	64.66	41.30	[a] BiResp Spiromax [TB]	[a] DuoResp Spiromax [AF]

▪ BUDESONIDE + FORMOTEROL (EFORMOTEROL)

Note Pharmaceutical benefits that have the brand DuoResp Spiromax 400/12 powder for inhalation, 2 x 60 actuations and pharmaceutical benefits that have the brand Symbicort Turbuhaler 400/12 powder for inhalation, 2 x 60 actuations are equivalent for the purposes of substitution.

Authority required (STREAMLINED)

7979

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Note Patient must be aged 18 years or older.

Note Symbicort 400/12 is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

10121

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

budesonide 400 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 2 x 60 actuations

8750M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	64.66	41.30	[a] Symbicort Turbuhaler 400/12 [AP]

▪ FLUTICASONE FUROATE + VILANTEROL

Note This drug is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

4731

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

fluticasone furoate 200 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

11129R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	72.61	41.30	Breo Ellipta 200/25 [GK]

▪ FLUTICASONE FUROATE + VILANTEROL

Authority required (STREAMLINED)

4711

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

Note This drug is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.
Note This product is not indicated for the initiation of treatment in asthma
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)
10121
Chronic obstructive pulmonary disease (COPD)
Clinical criteria:

- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.
Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.
Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

fluticasone furoate 100 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11124L NP	‡1	5	..	57.11	41.30	Breo Ellipta 100/25 [GK]

▪ FLUTICASONE PROPIONATE + FORMOTEROL (EFORMOTEROL)

Note Flutiform is not recommended nor PBS-subsidised for use as 'maintenance and reliever' therapy.
Note Flutiform is not indicated or PBS-subsidised for bronchodilator therapy in COPD.
Note This product is not indicated for the initiation of treatment in asthma
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)
4395
Asthma
Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

fluticasone propionate 125 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 5 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10007Q NP	‡1	5	..	45.76	41.30	flutiform 125/5 [MF]

fluticasone propionate 50 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 5 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2827T NP	‡1	5	..	37.90	39.20	flutiform 50/5 [MF]

fluticasone propionate 250 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 10 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10008R NP	‡1	5	..	60.67	41.30	flutiform 250/10 [MF]

▪ FLUTICASONE PROPIONATE + SALMETEROL

Note This product is not indicated for the initiation of treatment in asthma
Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).
Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)
4930
Asthma
Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 4 years or older.

fluticasone propionate 125 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

8518H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	49.24	41.30	[a] Evocair MDI [AF]	[a] Fluticasone + Salmeterol Cipla 125/25 [LR]
					[a] Pavtide [GC]	[a] SalplusF Inhaler 125/25 [SZ]
					[a] Seroflo 125/25 [YC]	
		[B]4.00	53.24	41.30	[a] Seretide MDI 125/25 [GK]	

fluticasone propionate 250 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

8431R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	49.24	41.30	[a] FLUTICASONE SALMETEROL CIPHALER 250/50 [LR]	[a] PAVTIDE ACCUHALER 250/50 [GC]
					[a] Seretide Accuhaler 250/50 [GK]	

fluticasone propionate 50 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

8517G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	42.55	41.30	[a] PAVTIDE MDI 50/25 [GC]	[a] Seretide MDI 50/25 [GK]

fluticasone propionate 100 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

8430Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	42.55	41.30	[a] PAVTIDE ACCUHALER 100/50 [GC]	[a] Seretide Accuhaler 100/50 [GK]

▪ FLUTICASONE PROPIONATE + SALMETEROL

Authority required (STREAMLINED)

4930

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 4 years or older.

Note This product is not indicated for the initiation of treatment in asthma

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

10121

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have significant symptoms despite regular beta-2 agonist bronchodilator therapy, **AND**
- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with LABA monotherapy or LAMA/LABA combination therapy.

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

fluticasone propionate 250 microgram/actuation + salmeterol 25 microgram/actuation inhalation, 120 actuations

8519J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	62.38	41.30	[a] Evocair MDI [AF]	[a] Fluticasone + Salmeterol Cipla 250/25 [LR]
					[a] Pavtide [GC]	[a] SalplusF Inhaler 250/25 [SZ]
					[a] Seroflo 250/25 [YC]	
		[B]4.00	66.38	41.30	[a] Seretide MDI 250/25 [GK]	

fluticasone propionate 500 microgram/actuation + salmeterol 50 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8432T NP	‡1	5	..	62.38	41.30	[a] PAVTIDE ACCUHALER 500/50 [GC]	[a] Seretide Accuhaler 500/50 [GK]

▪ INDACATEROL + MOMETASONE

Note This product is not indicated for the initiation of treatment in asthma

Note This product is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note The patient must not be on a concomitant single agent long-acting-beta-2-agonist (LABA)

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

11360

Asthma

Clinical criteria:

- Patient must have previously had frequent episodes of asthma while receiving treatment with oral corticosteroids or optimal doses of inhaled corticosteroids.

Population criteria:

- Patient must be aged 12 years or over.

indacaterol 125 microgram + mometasone furoate 127.5 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12289T NP	1	5	..	44.00	41.30	Atectura Breezhaler [NV]

indacaterol 125 microgram + mometasone furoate 62.5 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12269R NP	1	5	..	37.90	39.20	Atectura Breezhaler [NV]

indacaterol 125 microgram + mometasone furoate 260 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12279G NP	1	5	..	60.67	41.30	Atectura Breezhaler [NV]

Adrenergics in combination with anticholinergics incl. triple combinations with corticosteroids

▪ ACLIDINIUM + FORMOTEROL (EFORMOTEROL)

Note This product is not PBS-subsidised for the treatment of asthma.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

7798

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); OR
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); OR
- Patient must have been stabilised on a combination of a LAMA and a LABA.

aclidinium 340 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 12 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10565C NP	‡1	5	..	85.67	41.30	Brimica Genuair [FK]

▪ BECLOMETASONE + FORMOTEROL (EFORMOTEROL) + GLYCOPYRRONIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the COPD-X Plan (available at http://copdx.org.au/); the assessment and adherence to correct technique should be documented in the patient's medical records.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

12349

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months, with significant symptoms despite regular bronchodilator therapy with a long acting muscarinic antagonist (LAMA) and a long acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS) and a LABA; OR
- Patient must have been stabilised on a combination of a LAMA, LABA and an ICS for this condition.

Treatment criteria:

- Patient must not be undergoing treatment with this product in each of the following circumstances: (i) treatment of asthma in the absence of a COPD diagnosis, (ii) initiation of bronchodilator therapy in COPD, (iii) use as reliever therapy for asthma, (iv) dosed at an interval/frequency that differs to that recommended in the approved Product Information.

beclometasone dipropionate 100 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 6 microgram/actuation + glycopyrronium 10 microgram/actuation inhalation, 120 actuations

12468F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	88.10	41.30	Trimbow [EU]

▪ BUDESONIDE + GLYCOPYRRONIUM + FORMOTEROL (EFORMOTEROL)

Note Formal assessment and correction of inhaler technique should be performed in accordance with the COPD-X Plan (available at http://copdx.org.au/); the assessment and adherence to correct technique should be documented in the patient's medical records.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

12349

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months, with significant symptoms despite regular bronchodilator therapy with a long acting muscarinic antagonist (LAMA) and a long acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS) and a LABA; OR
- Patient must have been stabilised on a combination of a LAMA, LABA and an ICS for this condition.

Treatment criteria:

- Patient must not be undergoing treatment with this product in each of the following circumstances: (i) treatment of asthma in the absence of a COPD diagnosis, (ii) initiation of bronchodilator therapy in COPD, (iii) use as reliever therapy for asthma, (iv) dosed at an interval/frequency that differs to that recommended in the approved Product Information.

budesonide 160 microgram/actuation + glycopyrronium 7.2 microgram/actuation + formoterol (eformoterol) fumarate dihydrate 5 microgram/actuation inhalation, 120 actuations

12672Y (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	88.10	41.30	Breztri Aerosphere [AP]

▪ FLUTICASONE FUROATE + UMECLIDINIUM + VILANTEROL

Note Formal assessment and correction of inhaler technique should be performed in accordance with the COPD-X Plan (available at http://copdx.org.au/); the assessment and adherence to correct technique should be documented in the patient's medical records.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

12349

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have experienced at least one severe COPD exacerbation, which required hospitalisation, or two or more moderate exacerbations in the previous 12 months, with significant symptoms despite regular bronchodilator therapy with a long acting muscarinic antagonist (LAMA) and a long acting beta-2 agonist (LABA) or an inhaled corticosteroid (ICS) and a LABA; OR
- Patient must have been stabilised on a combination of a LAMA, LABA and an ICS for this condition.

Treatment criteria:

- Patient must not be undergoing treatment with this product in each of the following circumstances: (i) treatment of asthma in the absence of a COPD diagnosis, (ii) initiation of bronchodilator therapy in COPD, (iii) use as reliever therapy for asthma, (iv) dosed at an interval/frequency that differs to that recommended in the approved Product Information.

fluticasone furoate 100 microgram/actuation + umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11379X NP	‡1	5	..	88.10	41.30	Trelegy Ellipta 100/62.5/25 [GK]

▪ INDACATEROL + GLYCOPYRRONIUM

Note This product is not PBS-subsidised for the treatment of asthma.

Note This product is not indicated for the initiation of bronchodilator therapy in COPD.

Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

7798

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); OR
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); OR
- Patient must have been stabilised on a combination of a LAMA and a LABA.

indacaterol 110 microgram + glycopyrronium 50 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10156M NP	1	5	..	89.48	41.30	ultibro breezhaler 110/50 [NV]

▪ INDACATEROL + GLYCOPYRRONIUM + MOMETASONE

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note This drug is not PBS-subsidised for the treatment of chronic obstructive pulmonary disease (COPD).

Note This product is not indicated for the initiation of treatment in asthma

Note The treatment must not be used in combination with an ICS/LABA, LABA/LAMA or LAMA, LABA or ICS monotherapy.

Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.

Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.

Note An ICS includes fluticasone propionate, fluticasone furoate, budesonide, beclometasone or ciclesonide.

Authority required

Severe asthma

Clinical criteria:

- Patient must have experienced at least one severe exacerbation, which has required documented use of systemic corticosteroids, in the previous 12 months while receiving optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented.

Population criteria:

- Patient must be aged 18 years or older.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

indacaterol 114 microgram + glycopyrronium 46 microgram + mometasone furoate 136 microgram powder for inhalation, 30 capsules

12295D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	91.66	41.30	Enerzair Breezhaler [NV]

indacaterol 114 microgram + glycopyrronium 46 microgram + mometasone furoate 68 microgram powder for inhalation, 30 capsules

12298G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	74.99	41.30	Enerzair Breezhaler [NV]

▪ TIOTROPIUM + OLODATEROL

Note This product is not PBS-subsidised for the treatment of asthma.
Note This product is not indicated for the initiation of bronchodilator therapy in COPD.
Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA
Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note A SAMA includes ipratropium
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

7798

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); OR
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); OR
- Patient must have been stabilised on a combination of a LAMA and a LABA.

tiotropium 2.5 microgram/actuation + olodaterol 2.5 microgram/actuation inhalation solution, 60 actuations

10557P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	73.66	41.30	Spiolto Respimat [BY]

▪ UMECLIDINIUM + VILANTEROL

Note This product is not PBS-subsidised for the treatment of asthma.
Note This product is not indicated for the initiation of bronchodilator therapy in COPD.
Note The treatment must not be used in combination with an ICS/LABA, LAMA, LABA, or SAMA
Note A LAMA includes tiotropium, glycopyrronium, aclidinium or umeclidinium.
Note A LABA includes olodaterol, indacaterol, salmeterol, formoterol or vilanterol.
Note A SAMA includes ipratropium
Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.
Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

7798

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting muscarinic antagonist (LAMA); OR
- Patient must have COPD symptoms that persist despite regular bronchodilator treatment with a long acting beta 2 agonist (LABA); OR
- Patient must have been stabilised on a combination of a LAMA and a LABA.

umeclidinium 62.5 microgram/actuation + vilanterol 25 microgram/actuation powder for inhalation, 30 actuations

10188F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	89.47	41.30	Anoro Ellipta 62.5/25 [GK]

OTHER DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES, INHALANTS

Glucocorticoids

▪ BECLOMETASONE

beclometasone dipropionate 100 microgram/actuation inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8407L NP	‡1	5	..	31.19	32.49	Qvar 100 [IL]

beclometasone dipropionate 50 microgram/actuation inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8406K NP	‡1	5	..	21.18	22.48	Qvar 50 [IL]

▪ BECLOMETASONE

Restricted benefit

Asthma

Clinical criteria:

- Patient must be unable to achieve co-ordinated use of other metered dose inhalers containing this drug.

beclometasone dipropionate 50 microgram/actuation breath activated inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8408M NP	‡1	5	..	27.23	28.53	Qvar 50 Autohaler [IL]

beclometasone dipropionate 100 microgram/actuation breath activated inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8409N NP	‡1	5	..	35.19	36.49	Qvar 100 Autohaler [IL]

▪ BUDESONIDE

budesonide 400 microgram/actuation powder for inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2072C NP	‡1	5	..	40.45	41.30	Pulmicort Turbuhaler [AP]

budesonide 100 microgram/actuation powder for inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2070Y NP	‡1	5	..	24.04	25.34	Pulmicort Turbuhaler [AP]

budesonide 200 microgram/actuation powder for inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2071B NP	‡1	5	..	29.49	30.79	Pulmicort Turbuhaler [AP]

▪ BUDESONIDE

Authority required (STREAMLINED)

6340

Severe chronic asthma

Clinical criteria:

- Patient must require long-term steroid therapy, **AND**
- Patient must not be able to use other forms of inhaled steroid therapy.

budesonide 1 mg/2 mL inhalation solution, 30 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2066R NP	‡1	5	..	43.01	41.30	Pulmicort Respules [AP]

budesonide 500 microgram/2 mL inhalation solution, 30 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2065Q NP	‡1	5	..	34.29	35.59	Pulmicort Respules [AP]

▪ CICLESONIDE

ciclesonide 80 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8853Y NP	‡1	5	..	26.01	27.31	Alvesco 80 [EU]

ciclesonide 160 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8854B NP	‡1	5	..	37.52	38.82	Alvesco 160 [EU]

▪ FLUTICASONE FUROATE

fluticasone furoate 100 microgram/actuation powder for inhalation, 30 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11719T NP	‡1	5	..	28.91	30.21	Arnuity Ellipta [GK]

fluticasone furoate 200 microgram/actuation powder for inhalation, 30 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11729H NP	‡1	5	..	43.05	41.30	Arnuity Ellipta [GK]

▪ FLUTICASONE PROPIONATE

fluticasone propionate 250 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8148W NP	‡1	5	..	28.91	30.21	[a] Axotide Accuhaler [GC]	[a] Flixotide Accuhaler [GK]

fluticasone propionate 500 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8149X NP	‡1	1	..	43.05	41.30	Flixotide Accuhaler [GK]

fluticasone propionate 100 microgram/actuation powder for inhalation, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8147T NP	‡1	5	..	19.49	20.79	[a] Axotide Junior Accuhaler [GC]	[a] Flixotide Junior Accuhaler [GK]

fluticasone propionate 125 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8345F NP	‡1	5	..	28.91	30.21	[a] Axotide [GC]	[a] Fluticasone Cipla Inhaler [LR]
			[B]3.00	31.91	30.21	[a] Flixotide [GK]	

fluticasone propionate 250 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8346G NP	‡1	1	..	43.05	41.30	[a] Axotide [GC]	[a] Fluticasone Cipla Inhaler [LR]
			[B]3.00	46.05	41.30	[a] Flixotide [GK]	

fluticasone propionate 50 microgram/actuation inhalation, 120 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8516F NP	‡1	5	..	19.49	20.79	[a] Axotide Junior [GC]	[a] Flixotide Junior [GK]

Anticholinergics

▪ ACLIDINIUM

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

aclidinium 322 microgram/actuation inhalation: powder for, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10124W NP	‡1	5	..	60.41	41.30	Bretaris Genuair [FK]

▪ GLYCOPYRRONIUM

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

glycopyrronium 50 microgram powder for inhalation, 30 capsules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10059K NP	1	5	..	60.41	41.30	seebri breezhaler [NV]

▪ IPRATROPIUM

ipratropium bromide monohydrate 21 microgram/actuation inhalation, 200 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8671J NP	2	5	..	*35.92	37.22	Atrovent [BY]

▪ IPRATROPIUM

Restricted benefit

Asthma

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

Clinical criteria:

- Patient must be unable to use this drug delivered from an oral pressurised inhalation device via a spacer.

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

ipratropium bromide 500 microgram/mL inhalation solution, 30 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8238N NP	2	5	..	*31.26	32.56	[a] Aeron 500 [AL] [a] Ipratrin Adult [AF]	[a] APO-Ipratropium [TX]
			[B]0.50	*31.76	32.56	[a] Atrovent Adult [BY]	

ipratropium bromide 250 microgram/mL inhalation solution, 30 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1542E NP	2	5	..	*28.32	29.62	[a] Aeron 250 [AL] [a] Ipratrin [AF]	[a] APO-Ipratropium [TX]
			[B]0.50	*28.82	29.62	[a] Atrovent [BY]	

▪ TIOTROPIUM

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.humanservices.gov.au or www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Restricted benefit

Severe asthma

Clinical criteria:

- Patient must have experienced at least one severe exacerbation, which has required documented use of systemic corticosteroids, in the previous 12 months while receiving optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**
- The treatment must be used in combination with a maintenance combination of an inhaled corticosteroid (ICS) and a long acting beta-2 agonist (LABA) unless a LABA is contraindicated.

Population criteria:

- Patient must be aged 18 years or older.

Optimised asthma therapy includes adherence to the maintenance combination of an inhaled corticosteroid (at least 800 micrograms budesonide per day or equivalent) and a long acting beta-2 agonist.

tiotropium 2.5 microgram/actuation inhalation solution, 60 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11043F NP	‡1	5	..	43.07	41.30	Spiriva Respimat [BY]

▪ TIOTROPIUM

Note Continuing Therapy Only:

For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Formal assessment and correction of inhaler technique should be performed in accordance with the National Asthma Council (NAC) Information Paper for Health Professionals on Inhaler Technique (available at www.humanservices.gov.au or www.nationalasthma.org.au); the assessment and adherence to correct technique should be documented in the patient's medical records. Patients can obtain support with inhaler technique through their local Asthma Foundation (1800 645 130).

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Authority required (STREAMLINED)

8606

Severe asthma

Treatment criteria:

- Must be treated by a respiratory physician, paediatric respiratory physician, clinical immunologist, allergist, paediatrician or general physician experienced in the management of patients with severe asthma; or in consultation with one of these specialists.

Clinical criteria:

- Patient must have failed to achieve adequate control with optimised asthma therapy, despite formal assessment of and adherence to correct inhaler technique, which has been documented, **AND**

- Patient must have experienced at least one severe exacerbation prior to receiving PBS-subsidised treatment with this drug for this condition, which has required documented use of systemic corticosteroids in the previous 12 months while receiving optimised asthma therapy; OR
- Patient must have experienced frequent episodes of moderate asthma exacerbations prior to receiving PBS-subsidised treatment with this drug for this condition, **AND**
- The treatment must be used in combination with a maintenance combination of an inhaled corticosteroid (ICS) and a long acting beta-2 agonist (LABA) unless a LABA is contraindicated.

Population criteria:

- Patient must be aged 6 to 17 years inclusive.

Optimised asthma therapy includes adherence to the maintenance combination of a medium to high dose ICS and a LABA. If LABA therapy is contraindicated, not tolerated or not effective, montelukast, cromoglycate or nedocromil may be used as an alternative

tiotropium 2.5 microgram/actuation inhalation solution, 60 actuations

11629C (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	43.07	41.30	Spiriva Respimat [BY]

▪ TIOTROPIUM

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Bronchospasm and dyspnoea associated with chronic obstructive pulmonary disease

Treatment Phase: Long-term maintenance treatment

tiotropium 2.5 microgram/actuation inhalation solution, 60 actuations

10509D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	43.07	41.30	Spiriva Respimat [BY]

▪ TIOTROPIUM

Note Pharmaceutical benefits that have the form tiotropium 18 microgram powder for inhalation and pharmaceutical benefits that have the form tiotropium 13 microgram powder for inhalation are equivalent for the purposes of substitution.

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

tiotropium 13 microgram powder for inhalation, 30 capsules

11892X (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	43.07	41.30	[a] Braltus [AF]

tiotropium 18 microgram powder for inhalation, 30 capsules

8626B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	43.07	41.30	[a] Spiriva [BY]

▪ UMECLIDINIUM

Note The treatment must not be used in combination with a LAMA/LABA or SAMA

Note A LAMA/LABA includes aclidinium/formoterol, glycopyrronium/indacaterol, tiotropium/olodaterol, or umeclidinium/vilanterol.

Note A SAMA includes ipratropium

Note Diagnosis of COPD should include measurement of airflow obstruction using spirometry, with confirmation of post-bronchodilator airflow obstruction.

Note Adherence to current treatment and device (inhaler) technique should be reviewed at each clinical visit and before "stepping up" a patient's medication regimen.

Restricted benefit

Chronic obstructive pulmonary disease (COPD)

umeclidinium 62.5 microgram/actuation inhalation: powder for, 30 actuations

10187E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	60.41	41.30	Incruse Ellipta [GK]

▪ CROMOGLYCATE

sodium cromoglycate 1 mg/actuation inhalation, 200 actuations

8767K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	35.63	36.93	Intal CFC-Free [SW]

NP

sodium cromoglycate 5 mg/actuation inhalation, 112 actuations

8334P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	39.81	41.11	Intal Forte CFC-Free [SW]

NP

ADRENERGICS FOR SYSTEMIC USE

Alpha- and beta-adrenoreceptor agonists

▪ ADRENALINE (EPINEPHRINE)

Note Pharmaceutical benefits that have the form adrenaline 1 mg/mL ampoules for injection in a pack size of 10 can be substituted for a pack size of 5 in the case of a shortage.

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 10 x 1 mL ampoules

12617C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	..	..	*26.28	27.58	[a] ADRENALINE RENAUDIN [LM]

DP

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 10 x 1 mL ampoules

12618D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
0.5	1	..	*26.28	27.58	[a] ADRENALINE RENAUDIN [LM]

NP

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 5 x 1 mL ampoules

1016L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	21.74	23.04	[a] Link Medical Products Pty Ltd [LM]

NP

adrenaline (epinephrine) 1 in 1000 (1 mg/mL) injection, 5 x 1 mL ampoules

5004J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	21.74	23.04	[a] Link Medical Products Pty Ltd [LM]

DP

▪ ADRENALINE (EPINEPHRINE)

Caution Non-Anapen and Anapen products have different administration techniques. These products should not be prescribed to the same patient without training in their use. Pharmacists should ensure that patients are educated regarding the product differences upon dispensing.

Note The auto-injector should be provided in the framework of a comprehensive anaphylaxis prevention program and an emergency action plan including training in recognition of the symptoms of anaphylaxis and the use of the auto-injector device. (For further information see the Australasian Society of Clinical Immunology and Allergy website at www.allergy.org.au.)

Note No increase in the maximum quantity or number of units may be authorised.

Note No applications for repeats will be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a clinical immunologist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with an allergist; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a paediatrician; OR
- Patient must have been assessed to be at significant risk of anaphylaxis by, or in consultation with a respiratory physician.

The name of the specialist consulted must be provided at the time of application for initial supply.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Initial sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have been discharged from hospital or an emergency department after treatment with adrenaline (epinephrine) for acute allergic reaction with anaphylaxis.

Authority required

Acute allergic reaction with anaphylaxis

Treatment Phase: Continuing sole PBS-subsidised supply for anticipated emergency treatment

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug.

adrenaline (epinephrine) 150 microgram/0.3 mL injection, 0.3 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8697R NP	2	..	..	*158.78	41.30	[a] Adrenaline Jr Mylan [AF] [a] EpiPen Jr. [AL]	[a] Anapen Junior 150 [XT]

adrenaline (epinephrine) 500 microgram/0.3 mL injection, 0.3 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12655C NP	2	..	..	*158.78	41.30	Anapen 500 [XT]

adrenaline (epinephrine) 300 microgram/0.3 mL injection, 0.3 mL pen device

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
8698T NP	2	..	..	*158.78	41.30	[a] Adrenaline Mylan [AF] [a] EpiPen [AL]	[a] Anapen 300 [XT]

Selective beta-2-adrenoreceptor agonists

▪ SALBUTAMOL

salbutamol 2 mg/5 mL oral liquid, 150 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1103C NP	2	5	..	*25.80	27.10	Ventolin [GK]

▪ TERBUTALINE

terbutaline sulfate 500 microgram/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1034K NP	1	..	..	29.15	30.45	Bricanyl [AP]

OTHER SYSTEMIC DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES

Xanthines

▪ THEOPHYLLINE

Caution Because of variable effects of food on absorption of sustained release theophylline preparations, patients stabilised on one brand should not be changed to another without appropriate monitoring.

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

theophylline 133.3 mg/25 mL oral liquid, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2614N NP	‡1	5	..	16.94	18.24	Nuelin [IL]

theophylline 300 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8231F NP	1	5	..	18.53	19.83	Nuelin-SR 300 [IL]

theophylline 250 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2634P NP	1	5	..	17.47	18.77	Nuelin-SR 250 [IL]

theophylline 200 mg modified release tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8230E NP	1	5	..	16.64	17.94	Nuelin-SR 200 [IL]

Leukotriene receptor antagonists

▪ MONTELUKAST

Note This drug is not PBS-subsidised for use in a child aged 2 to 5 years with moderate to severe asthma. It is not intended as an alternative for a child aged 2 to 5 years who requires a corticosteroid as a preventer medication.

Note This drug is not subsidised in a child aged 2 to 5 years for use in combination with other preventer medications. PBS subsidy for this drug will therefore cease for a child aged 2 to 5 years who requires a preventer medication in addition to this drug.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6666

Asthma

Treatment Phase: First-line prevention

Population criteria:

- Patient must be aged 2 to 5 years inclusive.

Clinical criteria:

- The condition must be frequent intermittent; OR
- The condition must be mild persistent, **AND**
- The treatment must be the single preventer agent, **AND**
- The treatment must be an alternative to sodium cromoglycate; OR
- The treatment must be an alternative to nedocromil sodium.

montelukast 4 mg chewable tablet, 28

8627C

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	19.23	20.53	[a] APO-Montelukast [TX] [a] Montelukast APOTEX [GX] [a] Montelukast Mylan [AF] [a] Respikast 4 [RW]	[a] MONTELAIR 4 [RF] [a] Montelukast Lupin [HQ] [a] Montelukast Sandoz 4 [SZ]

▪ MONTELUKAST

Note This drug is not PBS-subsidised for use in a patient aged 15 years or older, or for use in addition to a long-acting beta-agonist in any age group, or for use as a single second line preventer, as an alternative to corticosteroids, in a child aged 6 to 14 years with moderate to severe asthma.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6674

Asthma

Treatment Phase: First-line prevention

Clinical criteria:

- The condition must be frequent intermittent; OR
- The condition must be mild persistent, **AND**
- The treatment must be the single preventer agent, **AND**
- The treatment must be an alternative to sodium cromoglycate; OR
- The treatment must be an alternative to nedocromil sodium.

Population criteria:

- Patient must be aged 6 to 14 years inclusive.

Authority required (STREAMLINED)

7781

Asthma

Treatment Phase: Prevention of condition

Clinical criteria:

- The condition must be exercise-induced, **AND**
- The treatment must be as an alternative to adding salmeterol xinafoate; OR
- The treatment must be an alternative to adding formoterol fumarate, **AND**
- The condition must be otherwise well controlled while receiving optimal dose inhaled corticosteroid, **AND**
- Patient must require short-acting beta-2 agonist 3 or more times per week for prevention or relief of residual exercise-related symptoms.

Population criteria:

- Patient must be aged 6 to 14 years inclusive.

montelukast 5 mg chewable tablet, 28

8628D

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.81	20.11	[a] APO-Montelukast [TX] [a] Montelukast APOTEX [GX] [a] Montelukast Mylan [AF] [a] Respikast 5 [RW]	[a] MONTELAIR 5 [RF] [a] Montelukast Lupin [HQ] [a] Montelukast Sandoz 5 [SZ]

▪ ANTIHISTAMINES FOR SYSTEMIC USE

ANTIHISTAMINES FOR SYSTEMIC USE

Phenothiazine derivatives

▪ PROMETHAZINE

promethazine hydrochloride 50 mg/2 mL injection, 5 x 2 mL ampoules

1948M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*35.66	36.96	DBL Promethazine Hydrochloride [PF]

General

SENSORY ORGANS

OPHTHALMOLOGICALS

ANTIINFECTIVES

Antibiotics

AZITHROMYCIN

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit
Trachoma

azithromycin 500 mg tablet, 2

8336R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	2	..	16.47	17.77	[a] APO-Azithromycin [TX] [a] Azithromycin Sandoz [SZ] [a] Zithromax [PF]	[a] Azithromycin Mylan [AF] [a] ZITHRO [RW]

azithromycin 200 mg/5 mL powder for oral liquid, 15 mL

8201P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	#27.73	29.40	Zithromax [PF]

CHLORAMPHENICOL

Restricted benefit
For treatment of a patient identifying as Aboriginal or Torres Strait Islander

chloramphenicol 0.5% eye drops, 10 mL

11112W (OP) (NP) (MW)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	16.19	17.49	Chlorsig [AS]

GENTAMICIN

Restricted benefit
Perioperative use in ophthalmic surgery
Restricted benefit
Suspected Pseudomonal eye infection

gentamicin 0.3% eye drops, 5 mL

5566Y (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	22.40	23.70	Genoptic [AG]

GENTAMICIN

Restricted benefit
Invasive ocular infection
Restricted benefit
Perioperative use in ophthalmic surgery
Restricted benefit
Suspected Pseudomonal eye infection

gentamicin 0.3% eye drops, 5 mL

1441W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	22.40	23.70	Genoptic [AG]

TOBRAMYCIN

Restricted benefit
Perioperative use in ophthalmic surgery
Restricted benefit
Suspected Pseudomonal eye infection

tobramycin 0.3% eye ointment, 3.5 g

5570E (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	25.26	26.56	Tobrex [NV]

tobramycin 0.3% eye drops, 5 mL

5569D (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	22.70	24.00	Tobrex [NV]

TOBRAMYCIN

Restricted benefit

Invasive ocular infection

Restricted benefit

Perioperative use in ophthalmic surgery

Restricted benefit

Suspected Pseudomonal eye infection

tobramycin 0.3% eye ointment, 3.5 g

2329N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	25.26	26.56	Tobrex [NV]

tobramycin 0.3% eye drops, 5 mL

2328M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	22.70	24.00	Tobrex [NV]

Antivirals

▪ ACICLOVIR

Restricted benefit

Herpes simplex keratitis

aciclovir 3% eye ointment, 4.5 g

5501M

OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	33.53	34.83	[a] ViruPOS [AE]	[a] XOROX [IX]

▪ ACICLOVIR

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Herpes simplex keratitis

aciclovir 3% eye ointment, 4.5 g

1002R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	33.53	34.83	[a] ViruPOS [AE]	[a] XOROX [IX]

Fluoroquinolones

▪ CIPROFLOXACIN

Authority required

Bacterial keratitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

ciprofloxacin 0.3% eye drops, 5 mL

1217C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*31.26	32.56	[a] CiloQuin [NM]
		[B]4.36	*35.62	32.56	[a] Ciloxan [NV]

▪ CIPROFLOXACIN

Authority required

Bacterial keratitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

ciprofloxacin 0.3% eye drops, 5 mL

5564W

OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*31.26	32.56	[a] CiloQuin [NM]
		[B]4.36	*35.62	32.56	[a] Ciloxan [NV]

▪ OFLOXACIN

Authority required

Bacterial keratitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

ofloxacin 0.3% eye drops, 5 mL

5567B

OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*32.48	33.78	Ocuflox [AG]

▪ OFLOXACIN

Authority required

Bacterial keratitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

ofloxacin 0.3% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8383F	2	..	..	*32.48	33.78	Ocuflox [AG]

ANTIINFLAMMATORY AGENTS

Corticosteroids, plain

▪ DEXAMETHASONE

dexamethasone 0.1% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1288T NP	‡1	2	..	28.11	29.41	Maxidex [NV]

▪ DEXAMETHASONE

Authority required

Non-infectious posterior segment uveitis

Treatment criteria:

- Must be treated by an ophthalmologist or in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have documented visual impairment defined as a best corrected visual acuity score of approximate Snellen equivalent 6/12 or worse in the eye proposed for treatment, secondary to vitreous haze or macular oedema, **AND**
- Patient must have unilateral, asymmetric or bilateral flare-up where systemic treatment or further intensification of systemic treatment is not clinically indicated.

dexamethasone 700 microgram implant, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11317P	1	..	..	1360.06	41.30	Ozurdex [AG]

▪ DEXAMETHASONE

Note No applications for increased maximum quantities will be authorised.

Note No applications for increased repeats will be authorised.

dexamethasone 0.1% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5565X OP	‡1	..	..	28.11	29.41	Maxidex [NV]

▪ DEXAMETHASONE

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested on the same authority prescription form.

Authority required

Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to diabetic macular oedema, **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- Patient must have had a cataract removed in the treated eye; OR
- Patient must be scheduled for cataract surgery in the treated eye, **AND**
- Patient must have a contraindication to vascular endothelial growth factor (VEGF) inhibitors; OR
- Patient must be unsuitable for treatment with VEGF inhibitors; OR
- Patient must have failed prior treatment with VEGF inhibitors, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**

- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing.

A written application must include:

a) a completed authority prescription form;

b) a completed Diabetic Macular Oedema (DMO) - PBS Supporting Information Form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Diabetic macular oedema (DMO)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have had a cataract removed in the treated eye; OR
- Patient must be scheduled for cataract surgery in the treated eye, **AND**
- Patient must have previously been issued with an authority prescription for this drug for the same eye, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

dexamethasone 700 microgram implant, 1

10943Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	1360.06	41.30	Ozurdex [AG]

▪ DEXAMETHASONE

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested on the same authority prescription form.

Authority required

Branch retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to branched retinal vein occlusion (BRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 20 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/400), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- Patient must have a contraindication to vascular endothelial growth factor (VEGF) inhibitors; OR
- Patient must have failed prior treatment with VEGF inhibitors, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing.

A written application must include:

a) a completed authority prescription form;

b) a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Branch retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Central retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 24 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/320), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- Patient must have a contraindication to vascular endothelial growth factor (VEGF) inhibitors; OR
- Patient must have failed prior treatment with VEGF inhibitors, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing.

A written application must include:

a) a completed authority prescription form;

b) a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Central retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

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dexamethasone 700 microgram implant, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11469P	‡1	1	..	1360.06	41.30	Ozurdex [AG]

▪ FLUOROMETHOLONE

fluorometholone 0.1% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1204J (NP)	‡1	5	..	15.24	16.54	FML Liquifilm [AG]

▪ FLUOROMETHOLONE

Note No applications for increased maximum quantities will be authorised.
Note No applications for increased repeats will be authorised.

fluorometholone 0.1% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5513E (OP)	‡1	..	..	15.24	16.54	FML Liquifilm [AG]

▪ FLUOROMETHOLONE ACETATE

fluorometholone acetate 0.1% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1438Q (NP)	‡1	2	..	15.24	16.54	Flarex [NV]

▪ FLUOROMETHOLONE ACETATE

Note No applications for increased maximum quantities will be authorised.
Note No applications for increased repeats will be authorised.

fluorometholone acetate 0.1% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5533F (OP)	‡1	..	..	15.24	16.54	Flarex [NV]

▪ HYDROCORTISONE ACETATE

hydrocortisone acetate 1% eye ointment, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2441L (NP)	‡1	..	..	17.56	18.86	Hycor [AS]

▪ HYDROCORTISONE ACETATE

Note No applications for increased maximum quantities will be authorised.
Note No applications for increased repeats will be authorised.

hydrocortisone acetate 1% eye ointment, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5516H (OP)	‡1	..	..	17.56	18.86	Hycor [AS]

Corticosteroids and mydriatics in combination

▪ PREDNISOLONE ACETATE

Restricted benefit
Severe eye inflammation
Clinical criteria:

- Patient must have had a cataract removed in the treated eye; OR
- Patient must be scheduled for cataract surgery in the treated eye.

Population criteria:

- Patient must identify as Aboriginal or Torres Strait Islander.

prednisolone acetate 1% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12573R	‡1	..	..	23.60	24.90	PRED FORTE [AG]

▪ PREDNISOLONE ACETATE

Restricted benefit
Corneal grafts
Restricted benefit
Uveitis

prednisolone acetate 1% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12594W NP	‡1	2	..	23.60	24.90	PRED FORTE [AG]

▪ PREDNISOLONE ACETATE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit
Uveitis

prednisolone acetate 1% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12572Q OP	‡1	..	..	23.60	24.90	PRED FORTE [AG]

▪ PREDNISOLONE ACETATE + PHENYLEPHRINE

Restricted benefit
Severe eye inflammation
Clinical criteria:
- Patient must have had a cataract removed in the treated eye; OR
- Patient must be scheduled for cataract surgery in the treated eye.

Population criteria:
- Patient must identify as Aboriginal or Torres Strait Islander.

prednisolone acetate 1% + phenylephrine hydrochloride 0.12% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11908R	‡1	..	..	28.95	30.25	Prednefrin Forte [AG]

▪ PREDNISOLONE ACETATE + PHENYLEPHRINE

Restricted benefit
Corneal grafts
Restricted benefit
Uveitis

prednisolone acetate 1% + phenylephrine hydrochloride 0.12% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3112T NP	‡1	2	..	28.95	30.25	Prednefrin Forte [AG]

▪ PREDNISOLONE ACETATE + PHENYLEPHRINE

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit
Uveitis

prednisolone acetate 1% + phenylephrine hydrochloride 0.12% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5568C OP	‡1	..	..	28.95	30.25	Prednefrin Forte [AG]

ANTIGLAUCOMA PREPARATIONS AND MIOTICS

Sympathomimetics in glaucoma therapy

▪ APRACLONIDINE

Restricted benefit
Intra-ocular pressure
Clinical criteria:
- The treatment must be for short-term reduction of intra-ocular pressure, **AND**
- Patient must already be on maximally tolerated anti-glaucoma therapy.

apraclonidine 0.5% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8083K	‡1	2	..	37.14	38.44	Iopidine 0.5% [NV]

▪ BRIMONIDINE

brimonidine tartrate 0.2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8351M	‡1	5	..	24.01	25.31	[a] Enidin [PE]
			[B]1.42	25.43	25.31	[a] Alphagan [AG]

brimonidine tartrate 0.15% eye drops, 5 mL

5298W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	24.01	25.31	Alphagan P 1.5 [AG]

▪ BRIMONIDINE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

brimonidine tartrate 0.2% eye drops, 5 mL

5534G

OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	24.01	25.31	[a] Enidin [PE]
		[B]1.42	25.43	25.31	[a] Alphagan [AG]

brimonidine tartrate 0.15% eye drops, 5 mL

5563T

OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	24.01	25.31	Alphagan P 1.5 [AG]

▪ BRIMONIDINE + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brimonidine tartrate 0.2% + timolol 0.5% eye drops, 5 mL

8826M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	29.13	30.43	Combigan [AG]

▪ BRIMONIDINE + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brimonidine tartrate 0.2% + timolol 0.5% eye drops, 5 mL

5535H

OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	29.13	30.43	Combigan [AG]

Parasympathomimetics

▪ PILOCARPINE

pilocarpine hydrochloride 1% eye drops, 15 mL

2595N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	17.43	18.73	Isopto Carpine [NV]

pilocarpine hydrochloride 2% eye drops, 15 mL

2596P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	18.48	19.78	Isopto Carpine [NV]

pilocarpine hydrochloride 4% eye drops, 15 mL

2598R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	20.96	22.26	Isopto Carpine [NV]

▪ PILOCARPINE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

pilocarpine hydrochloride 1% eye drops, 15 mL

5536J

OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	17.43	18.73	Isopto Carpine [NV]

pilocarpine hydrochloride 2% eye drops, 15 mL

5537K

OP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	18.48	19.78	Isopto Carpine [NV]

pilocarpine hydrochloride 4% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5538L	‡1	5	..	20.96	22.26	Isopto Carpine [NV]

OP

Carbonic anhydrase inhibitors

▪ ACETAZOLAMIDE

Note Continuing Therapy Only:
For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

acetazolamide 250 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1004W	1	3	..	25.61	26.91	Diamox [RW]

NP

▪ BRINZOLAMIDE

brinzolamide 1% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8483L	‡1	5	..	26.30	27.60	[a] BrinzoQuin [NM]
			[B]4.78	31.08	27.60	[a] Azopt [NV]

▪ BRINZOLAMIDE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

brinzolamide 1% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5540N	‡1	5	..	26.30	27.60	[a] BrinzoQuin [NM]
			[B]4.78	31.08	27.60	[a] Azopt [NV]

OP

▪ BRINZOLAMIDE + BRIMONIDINE

Restricted benefit
Elevated intra-ocular pressure
Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brinzolamide 1% + brimonidine tartrate 0.2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10536M	‡1	5	..	28.64	29.94	Simbrinza 1%/0.2% [NV]

▪ BRINZOLAMIDE + BRIMONIDINE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit
Elevated intra-ocular pressure
Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brinzolamide 1% + brimonidine tartrate 0.2% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10547D	‡1	5	..	28.64	29.94	Simbrinza 1%/0.2% [NV]

OP

▪ BRINZOLAMIDE + TIMOLOL

Restricted benefit
Elevated intra-ocular pressure
Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brinzolamide 1% + timolol 0.5% eye drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3438Y	‡1	5	..	29.87	31.17	Azarga [NV]

▪ BRINZOLAMIDE + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

brinzolamide 1% + timolol 0.5% eye drops, 5 mL

5562R (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	29.87	31.17	Azarga [NV]

▪ DORZOLAMIDE

dorzolamide 2% eye drops, 5 mL

8488R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	19.93	21.23	[a] Trusamide [AF]	[a] Trusopt [MF]

▪ DORZOLAMIDE

Note For prescribing in accordance with Optometry Board of Australia guidelines.

dorzolamide 2% eye drops, 5 mL

5541P (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	19.93	21.23	[a] Trusamide [AF]	[a] Trusopt [MF]

▪ DORZOLAMIDE + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

dorzolamide 2% + timolol 0.5% eye drops, 5 mL

8567X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	22.67	23.97	[a] Cosdor [AF]
		[B]1.00	23.67	23.97	[a] Cosopt [MF]

▪ DORZOLAMIDE + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

dorzolamide 2% + timolol 0.5% eye drops, 5 mL

5542Q (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	22.67	23.97	[a] Cosdor [AF]
		[B]1.00	23.67	23.97	[a] Cosopt [MF]

Beta blocking agents

▪ BETAXOLOL

betaxolol 0.5% eye drops, 5 mL

2825Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	19.34	20.64	[a] BetoQuin [NM]
		[B]4.76	24.10	20.64	[a] Betoptic [NV]

▪ BETAXOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

betaxolol 0.5% eye drops, 5 mL

5544T (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	19.34	20.64	[a] BetoQuin [NM]
		[B]4.76	24.10	20.64	[a] Betoptic [NV]

▪ TIMOLOL

timolol 0.5% eye drops, 2.5 mL

1926J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	17.87	19.17	Timoptol XE [MF]

timolol 0.5% eye drops, 5 mL

1279H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	17.81	19.11	Timoptol [MF]

▪ TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

timolol 0.5% eye drops, 2.5 mL

5550D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	17.87	19.17	Timoptol XE [MF]

OP

timolol 0.5% eye drops, 5 mL

5548B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	17.81	19.11	Timoptol [MF]

OP

Prostaglandin analogues

▪ BIMATOPROST

bimatoprost 0.03% eye drops, 30 x 0.4 mL unit doses

10046R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	33.00	34.30	Lumigan PF [AG]

bimatoprost 0.03% eye drops, 3 mL

8620Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	37.00	38.30	[a] Bimatoprost Sandoz [SZ] [a] Bimtop [AF]	[a] Bimprozt [TY] [a] Lumigan [AG]

▪ BIMATOPROST

Note For prescribing in accordance with Optometry Board of Australia guidelines.

bimatoprost 0.03% eye drops, 30 x 0.4 mL unit doses

10053D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	33.00	34.30	Lumigan PF [AG]

OP

bimatoprost 0.03% eye drops, 3 mL

5551E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	37.00	38.30	[a] Bimatoprost Sandoz [SZ] [a] Bimtop [AF]	[a] Bimprozt [TY] [a] Lumigan [AG]

OP

▪ BIMATOPROST + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

bimatoprost 0.03% + timolol 0.5% eye drops, 30 x 0.4 mL unit doses

10107Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	37.79	39.09	GANfort PF 0.3/5 [AG]

▪ BIMATOPROST + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

bimatoprost 0.03% + timolol 0.5% eye drops, 3 mL

9464D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	41.45	41.30	Ganfort 0.3/5 [AG]

▪ BIMATOPROST + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

bimatoprost 0.03% + timolol 0.5% eye drops, 3 mL

5558M (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	41.45	41.30	Ganfort 0.3/5 [AG]

bimatoprost 0.03% + timolol 0.5% eye drops, 30 x 0.4 mL unit doses

10108B (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	37.79	39.09	GANfort PF 0.3/5 [AG]

▪ LATANOPROST

latanoprost 0.005% eye drops, 2.5 mL

8243W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	17.91	19.21	[a] APO-Latanoprost [TX] [a] Xalaprost [AF]	[a] Latanoprost Sandoz [SZ] [a] Xalatan [AS]

▪ LATANOPROST

Note For prescribing in accordance with Optometry Board of Australia guidelines.

latanoprost 0.005% eye drops, 2.5 mL

5552F (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	17.91	19.21	[a] APO-Latanoprost [TX] [a] Xalaprost [AF]	[a] Latanoprost Sandoz [SZ] [a] Xalatan [AS]

▪ LATANOPROST + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL

8895E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	22.36	23.66	[a] APO-Latanoprost/Timolol 0.05/5 [TX] [a] Xalacom [AS]	[a] Latanoprost/Timolol Sandoz 50/5 [SZ] [a] Xalamol 50/5 [AF]

▪ LATANOPROST + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

latanoprost 0.005% + timolol 0.5% eye drops, 2.5 mL

5553G (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	22.36	23.66	[a] APO-Latanoprost/Timolol 0.05/5 [TX] [a] Xalacom [AS]	[a] Latanoprost/Timolol Sandoz 50/5 [SZ] [a] Xalamol 50/5 [AF]

▪ TAFLUPROST

tafluprost 0.0015% eye drops, 30 x 0.3 mL unit doses

2755B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	34.71	36.01	Saflutan [MF]

▪ TAFLUPROST

Note For prescribing in accordance with Optometry Board of Australia guidelines.

tafluprost 0.0015% eye drops, 30 x 0.3 mL unit doses

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2748P OP	‡1	5	..	34.71	36.01	Saflutan [MF]

▪ TRAVOPROST

travoprost 0.004% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8597L	‡1	5	..	37.44	38.74	Travatan [NV]

▪ TRAVOPROST

Note For prescribing in accordance with Optometry Board of Australia guidelines.

travoprost 0.004% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5554H OP	‡1	5	..	37.44	38.74	Travatan [NV]

▪ TRAVOPROST + TIMOLOL

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

travoprost 0.004% + timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9057Q	‡1	5	..	41.90	41.30	Duotrav [NV]

▪ TRAVOPROST + TIMOLOL

Note For prescribing in accordance with Optometry Board of Australia guidelines.

Restricted benefit

Elevated intra-ocular pressure

Clinical criteria:

- The condition must have been inadequately controlled with monotherapy, **AND**
- Patient must have open-angle glaucoma; OR
- Patient must have ocular hypertension.

travoprost 0.004% + timolol 0.5% eye drops, 2.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5555J OP	‡1	5	..	41.90	41.30	Duotrav [NV]

MYDRIATICS AND CYCLOPLEGICS

Anticholinergics

▪ ATROPINE SULFATE

atropine sulfate monohydrate 1% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1093M NP	‡1	2	..	22.93	24.23	Atropt [AS]

OCULAR VASCULAR DISORDER AGENTS

Antineovascularisation agents

▪ AFLIBERCEPT

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested on the same authority prescription form.

Note Pharmaceutical benefits that have the form aflibercept 0.09mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1mL injection vial are equivalent for the purposes of substitution.

Authority required

Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to diabetic macular oedema, **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing.

A written application must include:

a) a completed authority prescription form;

b) a completed Diabetic Macular Oedema (DMO) - PBS Supporting Information Form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Diabetic macular oedema (DMO)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for the same eye, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

aflibercept 3.6 mg/0.09 mL injection, 0.09 mL syringe

12153P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1042.95	41.30	[a] Eylea [BN]

aflibercept 4 mg/0.1 mL injection, 0.1 mL vial

10505X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	1042.95	41.30	[a] Eylea [BN]

▪ AFLIBERCEPT

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested on the same authority prescription form.

Note Pharmaceutical benefits that have the form aflibercept 0.09mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1mL injection vial are equivalent for the purposes of substitution.

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to pathologic myopia (PM), **AND**

- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing.

A written application must include:

a) a completed authority prescription form;

b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
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HOBART TAS 7001

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to pathologic myopia (PM), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

aflibercept 3.6 mg/0.09 mL injection, 0.09 mL syringe

12141B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1042.95	41.30	[a] Eylea [BN]

aflibercept 4 mg/0.1 mL injection, 0.1 mL vial

12131L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1042.95	41.30	[a] Eylea [BN]

▪ AFLIBERCEPT

Note Special Pricing Arrangements apply.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested on the same authority prescription form.

Note Pharmaceutical benefits that have the form aflibercept 0.09mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1mL injection vial are equivalent for the purposes of substitution.

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing.

A written application must include:

a) a completed authority prescription form;

b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
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Reply Paid 9826
HOBART TAS 7001

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously been granted an authority prescription for the same eye.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

aflibercept 3.6 mg/0.09 mL injection, 0.09 mL syringe

12152N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1042.95	41.30	[a] Eylea [BN]

aflibercept 4 mg/0.1 mL injection, 0.1 mL vial

2168D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1042.95	41.30	[a] Eylea [BN]

▪ AFLIBERCEPT

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested on the same authority prescription form.

Note Pharmaceutical benefits that have the form aflibercept 0.09mL injection syringe and pharmaceutical benefits that have the form aflibercept 0.1mL injection vial are equivalent for the purposes of substitution.

Authority required

Branch retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to branched retinal vein occlusion (BRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 20 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/400), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing.

A written application must include:

a) a completed authority prescription form;

b) a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos

Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Branch retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Central retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 24 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/320), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing.

A written application must include:

a) a completed authority prescription form;

b) a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Central retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

aflibercept 3.6 mg/0.09 mL injection, 0.09 mL syringe

12132M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1042.95	41.30	[a] Eylea [BN]

aflibercept 4 mg/0.1 mL injection, 0.1 mL vial

11991D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1042.95	41.30	[a] Eylea [BN]

▪ BROLUCIZUMAB

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested on the same authority prescription form.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- Patient must have persistent macular exudation, as determined clinically and/or by optical coherence tomography or fluorescein angiography, despite at least 6 months of PBS-subsidised treatment with: 1. Aflibercept and/or 2. Ranibizumab, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must not have previously received PBS-subsidised treatment with this drug for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing.

A written application must include:

a) a completed authority prescription form; and

b) a completed Subfoveal Choroidal Neovascularisation (CNV) Application Form.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously been granted an authority prescription for the same eye.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Grandfather treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- Patient must have persistent macular exudation, as determined clinically and/or by optical coherence tomography or fluorescein angiography, despite at least 6 months of treatment with: 1. Aflibercept and/or 2. Ranibizumab, **AND**
- Patient must have received non-PBS-subsidised treatment with this drug for this condition prior to 1 October 2021, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

A patient may qualify for PBS-subsidised treatment under this restriction once only per eye.

The first authority application for each eye must be made in writing.

A written application must include:

a) a completed authority prescription form;

b) a completed Subfoveal Choroidal Neovascularisation (CNV) - Grandfather Application Form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

Note This grandfather restriction will cease to operate from 12 months after the date specified in the clinical criteria.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

brolucizumab 6 mg/0.05 mL intraocular injection, 0.05 mL syringe

12667Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	994.00	41.30	Beovu [NV]

▪ RANIBIZUMAB

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested on the same authority prescription form.

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing.

A written application must include:

a) a completed authority prescription form;

b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to age-related macular degeneration (AMD), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**

- Patient must have previously been granted an authority prescription for the same eye.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

10138N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1042.95	41.30	[a] Lucentis [NV]

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

1382R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1042.95	41.30	[a] Lucentis [NV]

▪ RANIBIZUMAB

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested on the same authority prescription form.

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Authority required

Diabetic macular oedema (DMO)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to diabetic macular oedema, **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 78 and 39 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/32 to 20/160), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing.

A written application must include:

a) a completed authority prescription form;

b) a completed Diabetic Macular Oedema (DMO) - PBS Supporting Information Form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Diabetic macular oedema (DMO)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for the same eye, **AND**
- The treatment must be as monotherapy; OR
- The treatment must be in combination with laser photocoagulation, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10374B	1	5	..	1042.95	41.30	[a] Lucentis [NV]

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10373Y	1	5	..	1042.95	41.30	[a] Lucentis [NV]

▪ RANIBIZUMAB

Note Special Pricing Arrangements apply.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested on the same authority prescription form.

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to pathologic myopia (PM), **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing.

A written application must include:

a) a completed authority prescription form;

b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must be due to pathologic myopia (PM), **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must not be due to pathologic myopia, **AND**
- The condition must not be due to age-related macular degeneration, **AND**
- The condition must be diagnosed by optical coherence tomography; OR

- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing.

A written application must include:

a) a completed authority prescription form;

b) a completed Subfoveal Choroidal Neovascularisation (CNV) - PBS Supporting Information Form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Subfoveal choroidal neovascularisation (CNV)

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- The condition must not be due to pathologic myopia, **AND**
- The condition must not be due to age-related macular degeneration, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition, **AND**
- Patient must have previously received PBS-subsidised treatment with this drug for this condition for the same eye.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

11480F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1042.95	41.30	[a] Lucentis [NV]

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

11471R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1042.95	41.30	[a] Lucentis [NV]

▪ RANIBIZUMAB

Note Special Pricing Arrangements apply.

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised for applications for treatment of one eye.

Note Where both eyes are affected by the condition, a quantity of 2 units can be requested on the same authority prescription form.

Note Pharmaceutical benefits that have the form ranibizumab 0.165 mL injection syringe and pharmaceutical benefits that have the form ranibizumab 0.23 mL injection vial are equivalent for the purposes of substitution.

Authority required

Branch retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to branched retinal vein occlusion (BRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 20 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/400), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing.

A written application must include:

a) a completed authority prescription form;

b) a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Branch retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Central retinal vein occlusion with macular oedema

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO), **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score between 73 and 24 letters based on the early treatment diabetic retinopathy study chart administered at a distance of 4 metres (approximate Snellen equivalent 20/40 to 20/320), in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography; OR
- The condition must be diagnosed by fluorescein angiography, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Authority approval for initial treatment of each eye must be sought.

The first authority application for each eye must be made in writing.

A written application must include:

a) a completed authority prescription form;

b) a completed Retinal Vein Occlusion Initial PBS authority application Supporting information form; and

c) a copy of the optical coherence tomography or fluorescein angiogram report.

Note Any queries concerning the arrangements to prescribe may be directed to Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).
Prescribing information (including Authority Application forms and other relevant documentation as applicable) is available on the Services Australia website at www.servicesaustralia.gov.au
Applications for authority to prescribe should be submitted online using the form upload facility in Health Professional Online Services (HPOS) at www.servicesaustralia.gov.au/hpos
Or mailed to:
Services Australia
Complex Drugs
Reply Paid 9826
HOBART TAS 7001

Authority required

Central retinal vein occlusion with macular oedema

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist.

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug for the same eye, **AND**
- The treatment must be the sole PBS-subsidised therapy for this condition.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

ranibizumab 1.65 mg/0.165 mL injection, 0.165 mL syringe

11975G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1042.95	41.30	[a] Lucentis [NV]

ranibizumab 2.3 mg/0.23 mL injection, 0.23 mL vial

11981N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	1042.95	41.30	[a] Lucentis [NV]

OTHER OPHTHALMOLOGICALS

Other ophthalmologicals

▪ CARBOMER-974P

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

carbomer-974P 0.3% eye gel, 30 x 500 mg unit doses

5502N (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*33.01	34.31	Poly Gel [AQ]

carbomer-974P 0.3% eye gel, 30 x 500 mg unit doses

8514D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*33.01	34.31	Poly Gel [AQ]

▪ CARBOMER-980

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

carbomer-980 0.2% eye gel, 10 g

5503P (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	15.11	16.41	[a] Optifresh eye gel [PP]	[a] PAA [UL]
		[B]3.64	18.75	16.41	[a] Viscotears [UO]	

carbomer-980 0.2% eye gel, 10 g

8384G (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	5	..	15.11	16.41	[a] Optifresh eye gel [PP]	[a] PAA [UL]
		[B]3.64	18.75	16.41	[a] Viscotears [UO]	

▪ CARBOMER-980

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

carbomer-980 0.2% eye drops, 30 x 0.6 mL unit doses

5504Q (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*37.87	39.17	Viscotears Gel PF [UO]

carbomer-980 0.2% eye drops, 30 x 0.6 mL unit doses

8578L (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*37.87	39.17	Viscotears Gel PF [UO]

▪ CARBOMER-980

Note No applications for increased maximum quantities will be authorised.

Note No applications for repeats will be authorised.

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

carbomer-980 0.2% eye gel, 10 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
9210R	‡1	11	..	15.11	16.41	[a] Optifresh eye gel [PP]	[a] PAA [UL]
			[B]3.64	18.75	16.41	[a] Viscotears [UO]	

▪ CARMELLOSE SODIUM

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

carmellose sodium 1% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5508X						
OP	‡1	5	..	15.23	16.53	Refresh Liquigel [AG]

carmellose sodium 0.5% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5507W						
OP	‡1	5	..	15.23	16.53	Refresh Tears Plus [AG]

▪ CARMELLOSE SODIUM

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

carmellose sodium 1% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8593G						
NP	‡1	5	..	15.23	16.53	Refresh Liquigel [AG]

carmellose sodium 0.5% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8548X						
NP	‡1	5	..	15.23	16.53	Refresh Tears Plus [AG]

▪ CARMELLOSE SODIUM

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

carmellose sodium 0.5% eye drops, 30 x 0.4 mL unit doses

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2338C						
NP	3	5	..	*29.65	30.95	[a] Optifresh Tears [PP]
			[B]6.21	*35.86	30.95	[a] Cellufresh [AG]

carmellose sodium 0.5% eye drops, 30 x 0.4 mL unit doses

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5506T						
OP	3	5	..	*29.65	30.95	[a] Optifresh Tears [PP]
			[B]6.21	*35.86	30.95	[a] Cellufresh [AG]

carmellose sodium 1% eye drops, 30 x 0.4 mL unit doses

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2324H						
NP	3	5	..	*29.65	30.95	[a] Optifresh Plus [PP]
			[B]6.21	*35.86	30.95	[a] Celluvisc [AG]

carmellose sodium 1% eye drops, 30 x 0.4 mL unit doses

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5505R						
OP	3	5	..	*29.65	30.95	[a] Optifresh Plus [PP]
			[B]6.21	*35.86	30.95	[a] Celluvisc [AG]

▪ CARMELLOSE SODIUM

Note The in-use shelf life of Evolve carmellose 0.5% and Evolve hypromellose 0.3% is 3 months from the date of opening.

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

carmellose sodium 0.5% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11852T						
NP	‡1	5	..	30.36	31.66	Evolve Carmellose [CX]

carmellose sodium 0.5% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11853W OP	‡1	5	..	30.36	31.66	Evolve Carmellose [CX]

▪ CARMELLOSE SODIUM

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

carmellose sodium 1% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9212W	‡1	11	..	15.23	16.53	Refresh Liquigel [AG]

carmellose sodium 0.5% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9211T	‡1	11	..	15.23	16.53	Refresh Tears Plus [AG]

▪ CARMELLOSE SODIUM + GLYCEROL

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

carmellose sodium 0.5% + glycerol 0.9% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5556K OP	‡1	3	..	15.23	16.53	Optive [AG]

carmellose sodium 0.5% + glycerol 0.9% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9355J NP	‡1	3	..	15.23	16.53	Optive [AG]

▪ CARMELLOSE SODIUM + GLYCEROL

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

carmellose sodium 0.5% + glycerol 0.9% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9356K	‡1	7	..	15.23	16.53	Optive [AG]

▪ CICLOSPORIN

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Chronic severe dry eye disease with keratitis

Treatment Phase: Initial treatment for up to the first 180 days of treatment

Clinical criteria:

- Patient must have a corneal fluorescein staining (CFS) grade of 4 at treatment initiation, using at least one of: (i) the Oxford scale, (ii) the modified Oxford scale, (iii) an equivalent scale to the Oxford scale as determined by the prescriber, **AND**
- Patient must have an ocular surface disease index (OSDI) score of at least 23 at treatment initiation, **AND**
- The condition must be inadequately controlled by monotherapy with a preservative free artificial tears substitute.

Treatment criteria:

- Patient must be undergoing simultaneous treatment with a preservative free artificial tears substitute, **AND**
- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist; OR
- Must be treated by an optometrist in accordance with Optometry Board of Australia guidelines, **AND**
- Patient must not be undergoing treatment with this drug under this treatment phase beyond day 180 of treatment.

Population criteria:

- Patient must be at least 18 years of age.

Prescribing instruction:

State in the first authority application for this drug, for the purpose of having a baseline measurement to assess response to treatment under the Continuing treatment listing, each of: (i) the qualifying corneal fluorescein staining grade (a numerical value no less than 4), (ii) the qualifying ocular surface disease index score (a numerical value no less than 23).

Note The Oxford scale, modified Oxford scale and Ocular Surface Disease Index (OSDI) were relied upon in the submission supporting initial PBS listing.

The Oxford scale uses a chart system consisting of a series of panels, labelled A to E in order of increasing severity. In each chart, staining is represented by dots. To grade staining, comparisons are made between the panels and the appearance of staining on the exposed interpalpebral conjunctiva and cornea of the patient. The details of the chart are presented in Figure 1 and, in a simplified form in Figure 4 (where the criteria, dot count and log columns are not displayed), in the following literature article: Bron A, Evans V, Smith, J. Grading of corneal and conjunctival staining in the context of other dry eye tests. Cornea. 2003;22(7):640-650.

The modified Oxford scale is as above, but with the first grade depiction (Grade 0), termed 'Grade 0.5'.

A list of equivalent scales to the Oxford scale is not provided. Prescribers should be satisfied that a scale other than the Oxford scale, if used, is equivalent to the Oxford scale.

The Ocular Surface Disease Index (OSDI) is a 12-item questionnaire created by the Outcomes Research Group at Allergan Inc, Irvine, CA, USA, to assess dry eye symptoms and the effects on vision-related function.

The questionnaire has 3 subscales: ocular symptoms, vision-related function, and environmental triggers. Patients rate their responses on a 0 to 4 scale with 0 corresponding to 'none of the time' and 4 corresponding to 'all of the time'. A final score is calculated which ranges from 0 to 100 with scores 0 to 12 representing normal, 13 to 22 representing mild dry eye disease, 23 to 32 representing moderate dry eye disease, and greater than 33 representing severe dry eye disease.

The OSDI questionnaire asks the following:

Presence of ocular symptoms - Have you experienced any of the following during the last week?

1. Eyes that are sensitive to light
2. Eyes that feel gritty
3. Painful or sore eyes
4. Blurred vision
5. Poor vision

Impact on daily activities - Have you had problems with your eyes limited you in performing any of the following during the last week?

1. Reading
2. Driving at night
3. Working with a computer or bank machine (ATM)
4. Watching TV

Environmental factors - Have your eyes felt uncomfortable in any of the following situations during the last week?

1. Windy conditions
2. Places or areas with low humidity (very dry)
3. Areas that are airconditioned

Rate responses on a scale of 0 to 4; 0 = none of the time, 1 = some of the time, 2 = half of the time, 3 = most of the time, and 4 = all of the time.

Further information on this index is in the following literature article: Walt J, Rowe M, Stern K. Evaluating the functional impact of dry eye: the Ocular Surface Disease Index. Drug Information Journal. 1997;31:1436

The 'Dry Eye OSDI 'Questionnaire' app developed by Allergan Inc is available to download for iPhone.

Note If the maximum number of repeats stated in this listing is not requested in this application, further supplies can be obtained through this treatment phase listing to continue treatment for up to the first 180 days of treatment, but the OSDI score and CFS grade need not be re-stated. Alternatively, treatment may be continued under the 'Continuing treatment' phase listing, provided the patient meets all eligibility criteria specified in that treatment phase listing.

Caution It is recommended that the potential for immunosuppression with long term use of this drug be clinically reviewed after at least 24 months of treatment, if not already reviewed.

Authority required

Chronic severe dry eye disease with keratitis

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have received PBS-subsidised treatment with this drug for this condition, **AND**
- The condition must have improved to an extent that corneal fluorescein staining, using the same scale used at the time of the first authority application, shows an improvement (reduction) by at least 3 grades from baseline (the grade stated in the first authority application) - the improvement need only be demonstrated by staining once only with the first Continuing treatment authority application, **AND**
- The condition must have improved to an extent that the patient's ocular surface disease index score at the time of this authority application, has improved (reduced) by at least 30% compared to the value stated in the first authority application (i.e. baseline).

Treatment criteria:

- Must be treated by an ophthalmologist or by an accredited ophthalmology registrar in consultation with an ophthalmologist; OR
- Must be treated by an optometrist in accordance with Optometry Board of Australia guidelines.

Prescribing instructions:

State in the first continuing treatment authority application for this drug:

(i) an improved corneal fluorescein staining grade (a numerical value that has improved by 3 grades from that provided in the first Initial 1 treatment authority application).

State in all continuing treatment authority applications:

(ii) the ocular surface disease index score at the time of this authority application (a numerical value that is at least 30% lower than that stated in the first Initial 1 treatment authority application).

ciclosporin 0.1% eye drops, 30 x 0.3 mL unit doses

12663L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	81.97	41.30	Ikervis [CS]

OP

▪ DEXTRAN-70 + HYPROMELLOSE

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

dextran-70 0.1% + hypromellose 0.3% eye drops, 15 mL

1509K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	15.78	17.08	[a] Poly-Tears [IQ]
		[B]3.84	19.62	17.08	[a] Tears Naturale [AQ]

NP

▪ DEXTRAN-70 + HYPROMELLOSE

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

dextran-70 0.1% + hypromellose 0.3% eye drops, 15 mL

5520M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	15.78	17.08	[a] Poly-Tears [IQ]
		[B]3.84	19.62	17.08	[a] Tears Naturale [AQ]

OP

▪ DEXTRAN-70 + HYPROMELLOSE

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

dextran-70 0.1% + hypromellose 0.3% eye drops, 28 x 0.4 mL unit doses

5521N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*36.97	38.27	Bion Tears [AQ]

OP

dextran-70 0.1% + hypromellose 0.3% eye drops, 28 x 0.4 mL unit doses

8299T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*36.97	38.27	Bion Tears [AQ]

NP

▪ DEXTRAN-70 + HYPROMELLOSE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

dextran-70 0.1% + hypromellose 0.3% eye drops, 15 mL

9216C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	11	..	15.78	17.08	[a] Poly-Tears [IQ]
		[B]3.84	19.62	17.08	[a] Tears Naturale [AQ]

▪ HYALURONATE SODIUM

Note The in-use shelf life of Hylo-Fresh and Hylo-Forte is 6 months from the date of opening.

Authority required (STREAMLINED)

4105

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

hyaluronate sodium 0.2% eye drops, 10 mL

2171G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	34.55	35.85	Hylo-Forte [AE]

OP

hyaluronate sodium 0.2% eye drops, 10 mL

2253N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	34.55	35.85	Hylo-Forte [AE]

NP

hyaluronate sodium 0.1% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2181T NP	‡1	5	..	34.55	35.85	Hylo-Fresh [AE]

hyaluronate sodium 0.1% eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2184Y OP	‡1	5	..	34.55	35.85	Hylo-Fresh [AE]

▪ HYPROMELLOSE

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

hypromellose 0.5% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2956N NP	‡1	5	..	15.61	16.91	Methopt [AF]

hypromellose 0.3% w/w eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11625W NP	‡1	5	..	14.57	15.87	[a] In a Wink Moisturising [IQ]
			[B]4.09	18.66	15.87	[a] Genteal [AQ]

▪ HYPROMELLOSE

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

hypromellose 0.5% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5517J OP	‡1	5	..	15.61	16.91	Methopt [AF]

hypromellose 0.3% w/w eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11634H OP	‡1	5	..	14.57	15.87	[a] In a Wink Moisturising [IQ]
			[B]4.09	18.66	15.87	[a] Genteal [AQ]

▪ HYPROMELLOSE

Note The in-use shelf life of Evolve carmellose 0.5% and Evolve hypromellose 0.3% is 3 months from the date of opening.

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

hypromellose 0.3% w/v eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11842G NP	‡1	5	..	30.36	31.66	Evolve Hypromellose [CX]

hypromellose 0.3% w/v eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11849P OP	‡1	5	..	30.36	31.66	Evolve Hypromellose [CX]

▪ HYPROMELLOSE

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

hypromellose 0.5% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9214Y	‡1	11	..	15.61	16.91	Methopt [AF]

hypromellose 0.3% w/w eye drops, 10 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11643T	‡1	11	..	14.57	15.87	[a] In a Wink Moisturising [IQ]
			[B]4.09	18.66	15.87	[a] Genteal [AQ]

▪ HYPROMELLOSE + CARBOMER-980

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

hypromellose 0.3% + carbomer-980 0.2% eye gel, 10 g

5519L (OP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	15.61	16.91	[a] HPMC PAA [IQ]
		[B]4.62	20.23	16.91	[a] Genteal gel [AQ]

▪ HYPROMELLOSE + CARBOMER-980

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

hypromellose 0.3% + carbomer-980 0.2% eye gel, 10 g

8564R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	15.61	16.91	[a] HPMC PAA [IQ]
		[B]4.62	20.23	16.91	[a] Genteal gel [AQ]

▪ HYPROMELLOSE + CARBOMER-980

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

hypromellose 0.3% + carbomer-980 0.2% eye gel, 10 g

9215B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	11	..	15.61	16.91	[a] HPMC PAA [IQ]
		[B]4.62	20.23	16.91	[a] Genteal gel [AQ]

▪ LIQUID PARAFFIN + GLYCEROL + TYLOXAPOL + POLOXAMER-188 + TROMETAMOL HYDROCHLORIDE + TROMETAMOL + CETALKONIUM CHLORIDE

Note The in-use shelf life of Cationorm is 3 months from the date of opening.

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

liquid paraffin + glycerol + tyloxapol + poloxamer-188 + trometamol hydrochloride + trometamol + cetalkonium chloride eye drops, 10 mL

12612T (OP) (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	37.67	38.97	Cationorm [CS]

▪ OCRIPLASMIN

Note No increase in the maximum number of repeats may be authorised.

Note Special Pricing Arrangements apply.

Note Where authority approval for treatment for both eyes simultaneously is being sought, a maximum quantity of 2 vials may be requested.

Authority required

Vitreomacular traction syndrome

Treatment criteria:

- Must be treated by an ophthalmologist.

Clinical criteria:

- Patient must have visual impairment due to vitreomacular traction (VMT) without a full thickness macular hole (FTMH); OR
- Patient must have visual impairment due to vitreomacular traction (VMT) with a full thickness macular hole (FTMH) of a diameter of less than or equal to 400 micrometres, **AND**
- Patient must have documented visual impairment defined as a best corrected visual acuity score of approximate Snellen equivalent 20/25 or worse in the eye proposed for treatment, **AND**
- The condition must be diagnosed by optical coherence tomography, **AND**
- The condition must have a vitreomacular adhesion diameter less than or equal to 1500 micrometres, **AND**
- Patient must not have an epiretinal membrane attached to the vitreomacular traction, **AND**
- The condition must be previously untreated in the eye proposed for treatment, **AND**
- Patient must not have received prior vitrectomy in the eye proposed for treatment, **AND**
- Patient must be symptomatic.

The prescriber must state which eye(s) is being treated at the time of application.

ocriplasmin 375 microgram/0.3 mL intraocular injection, 0.3 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11798Y	1	..	..	4161.22	41.30	Jetrea RTU [IJ]

▪ PARAFFIN

paraffin 1 g/g eye ointment, 2 x 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1750D NP	‡1	5	..	24.41	25.71	Poly Visc [IQ]
						[a] Ircal [PE]
			[B]1.84	26.25	25.71	[a] Refresh Night Time [AG]

paraffin 1 g/g eye ointment, 2 x 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5522P OP	‡1	5	..	24.41	25.71	Poly Visc [IQ]
						[a] Ircal [PE]
			[B]1.84	26.25	25.71	[a] Refresh Night Time [AG]

paraffin 1 g/g eye ointment, 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1754H NP	2	5	..	*24.96	26.26	Poly Visc [IQ]

paraffin 1 g/g eye ointment, 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5523Q OP	2	5	..	*24.96	26.26	Poly Visc [IQ]

▪ PARAFFIN

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

paraffin 1 g/g eye ointment, 2 x 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9218E	‡1	11	..	24.41	25.71	Poly Visc [IQ]
						[a] Ircal [PE]
			[B]1.84	26.25	25.71	[a] Refresh Night Time [AG]

▪ PARAFFIN

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

paraffin 1 g/g eye ointment, 3.5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9217D	2	11	..	*24.96	26.26	Poly Visc [IQ]

▪ PERFLUOROHEXYLOCTANE

Note The in-use shelf life of Novatears is 6 months from the date of opening.

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

perfluorohexyloctane 100% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11439C OP	1	5	..	33.58	34.88	Novatears [AE]

perfluorohexyloctane 100% eye drops, 3 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11446K NP	1	5	..	33.58	34.88	Novatears [AE]

▪ POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 15 mL

5524R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	15.24	16.54	Systane [AQ]

OP

▪ POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 15 mL

8676P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	15.24	16.54	Systane [AQ]

NP

▪ POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 28 x 0.8 mL unit doses

5532E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*31.62	32.92	Systane [AQ]

OP

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 28 x 0.8 mL unit doses

9170P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*31.62	32.92	Systane [AQ]

NP

▪ POLYETHYLENE GLYCOL-400 + PROPYLENE GLYCOL

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

polyethylene glycol-400 0.4% + propylene glycol 0.3% eye drops, 15 mL

9219F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	11	..	15.24	16.54	Systane [AQ]

▪ POLYVINYL ALCOHOL

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

polyvinyl alcohol 1.4% eye drops, 15 mL

2682E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	15.61	16.91	[a] PVA Tears [PE]
		[B]1.29	16.90	16.91	[a] Liquifilm Tears [AG]

NP

▪ POLYVINYL ALCOHOL

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

polyvinyl alcohol 1.4% eye drops, 15 mL

5526W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	15.61	16.91	[a] PVA Tears [PE]
		[B]1.29	16.90	16.91	[a] Liquifilm Tears [AG]

OP

▪ POLYVINYL ALCOHOL

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Severe dry eye syndrome, including Sjogren's syndrome

Clinical criteria:

- Patient must be receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

polyvinyl alcohol 1.4% eye drops, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9220G	‡1	11	..	15.61	16.91	[a] PVA Tears [PE]
			[B]1.29	16.90	16.91	[a] Liquifilm Tears [AG]

▪ RETINOL PALMITATE + PARAFFIN

Note The in-use shelf life of VitA-POS is 6 months from the date of opening.

retinol palmitate 0.0138% + paraffin eye ointment, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2167C (OP)	2	5	..	*24.96	26.26	VitA-POS [AE]

retinol palmitate 0.0138% + paraffin eye ointment, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2222Y (NP)	2	5	..	*24.96	26.26	VitA-POS [AE]

▪ RETINOL PALMITATE + PARAFFIN

Note The in-use shelf life of VitA-POS is 6 months from the date of opening.
Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

For use in patients who are receiving treatment under a GP Management Plan or Team Care Arrangements where Medicare benefits were or are payable for the preparation of the Plan or coordination of the Arrangements.

retinol palmitate 0.0138% + paraffin eye ointment, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2202X	2	11	..	*24.96	26.26	VitA-POS [AE]

▪ SOY LECITHIN + TOCOPHEROL + VITAMIN A

Authority required (STREAMLINED)

6172

Severe dry eye syndrome

Clinical criteria:

- Patient must be sensitive to preservatives in multi-dose eye drops.

soy lecithin 1% + tocopherol 0.002% + vitamin A palmitate 0.025% spray, 100 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5545W (OP)	2	5	..	*34.12	35.42	tearsagain [RB]

soy lecithin 1% + tocopherol 0.002% + vitamin A palmitate 0.025% spray, 100 actuations

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9448G (NP)	2	5	..	*34.12	35.42	tearsagain [RB]

▪ OTOLOGICALS

ANTIINFECTIVES

Antiinfectives

▪ CIPROFLOXACIN

Authority required

Chronic suppurative otitis media

Population criteria:

- Patient must be an Aboriginal or a Torres Strait Islander person, **AND**
- Patient must be aged 1 month or older.

Authority required

Chronic suppurative otitis media

Population criteria:

- Patient must be less than 18 years of age.

Clinical criteria:

- Patient must have perforation of the tympanic membrane.

Authority required

Chronic suppurative otitis media

Population criteria:

- Patient must be less than 18 years of age.

Clinical criteria:

- Patient must have a grommet in situ.

ciprofloxacin 0.3% ear drops, 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2480M NP	‡1	1	..	37.24	38.54	Ciloxan [NV]

CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION

Corticosteroids and antiinfectives in combination

▪ FRAMYCETIN SULFATE + GRAMICIDIN + DEXAMETHASONE

framycetin sulfate 0.5% + gramicidin 0.005% + dexamethasone 0.05% ear drops, 8 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2781J NP	‡1	2	..	15.34	16.64	[a] Otodex [AV]
			[B]2.24	17.58	16.64	[a] Sofradex [SW]

▪ TRIAMCINOLONE + NEOMYCIN + GRAMICIDIN + NYSTATIN

triamcinolone acetonide 0.1% + neomycin 0.25% + gramicidin 0.025% + nystatin 100 000 units/g ointment, 5 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2974M NP	‡1	2	..	13.91	15.21	[a] Otocomb Otic [LN]
			[B]1.58	15.49	15.21	[a] Kenacomb Otic [AS]

triamcinolone acetonide 0.09% + neomycin 0.225% + gramicidin 0.0225% + nystatin 90 000 units/mL ear drops, 7.5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2971J NP	‡1	2	..	16.27	17.57	[a] Otocomb Otic [LN]
			[B]1.58	17.85	17.57	[a] Kenacomb Otic [AS]

▪ OPHTHALMOLOGICAL AND OTOLOGICAL PREPARATIONS

ANTIINFECTIVES

Antiinfectives

▪ FRAMYCETIN SULFATE

framycetin sulfate 0.5% eye/ear drops, 8 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1440T NP MW	‡1	2	..	15.34	16.64	Soframycin [SW]

framycetin sulfate 0.5% eye/ear drops, 8 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5557L OP	‡1	2	..	15.34	16.64	Soframycin [SW]

▪ VARIOUS

▪ ALLERGENS

ALLERGENS

Allergen extracts

▪ HONEY BEE VENOM

honey bee venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10621B	1	..	..	296.52	41.30	Hymenoptera Honey Bee Venom [DE]

honey bee venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial] (&) inert substance diluent [3 x 1.8 mL vials], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2886X	1	..	..	232.37	41.30	Albey Bee Venom [DE]

▪ PAPER WASP VENOM

Note Paper wasp venom is not European wasp venom

paper wasp venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial], 1 pack

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10620Y	1	..	..	346.78	41.30	Hymenoptera Paper Wasp Venom [DE]

paper wasp venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial] (&) inert substance diluent [3 x 1.8 mL vials], 1 pack

2918N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	232.37	41.30	Albey Paper Wasp Venom [DE]

▪ YELLOW JACKET VENOM

yellow jacket venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial] (&) inert substance diluent [3 x 1.8 mL vials], 1 pack

2883R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	232.37	41.30	Albey Yellow Jacket Venom [DE]

yellow jacket venom 550 microgram injection [1 vial] (&) inert substance diluent [9 mL vial], 1 pack

10622C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	401.51	41.30	Hymenoptera Yellow Jacket Venom [DE]

▪ ALL OTHER THERAPEUTIC PRODUCTS

ALL OTHER THERAPEUTIC PRODUCTS

Antidotes

▪ NALOXONE

naloxone hydrochloride 400 microgram/mL injection, 5 x 1 mL ampoules

10783M

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	39.25	40.55	[a] Naloxone Hydrochloride (DBL) [PF] [a] NALOXONE SXP [XN]	[a] Naloxone Juno [JU]

naloxone hydrochloride 400 microgram/mL injection, 5 x 1 mL ampoules

10787R

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	39.25	40.55	[a] Naloxone Hydrochloride (DBL) [PF] [a] NALOXONE SXP [XN]	[a] Naloxone Juno [JU]

naloxone hydrochloride 1 mg/mL injection, 2 mL syringe

11077B

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	36.05	37.35	Prenoxad [FF]

naloxone hydrochloride 1 mg/mL injection, 2 mL syringe

11078C

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	36.05	37.35	Prenoxad [FF]

naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation

11816X

DP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	49.02	41.30	Nyxoid [MF]

naloxone 1.8 mg/actuation nasal spray, 2 x 1 actuation

11817Y

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	49.02	41.30	Nyxoid [MF]

Drugs for treatment of hyperkalemia and hyperphosphatemia

▪ LANTHANUM

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5491

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

lanthanum 1 g chewable tablet, 6 x 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9405B NP	1	5	..	436.62	41.30	Fosrenol [TK]

lanthanum 750 mg chewable tablet, 6 x 15

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9404Y NP	1	5	..	388.64	41.30	Fosrenol [TK]

lanthanum 500 mg chewable tablet, 2 x 45

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9403X NP	1	5	..	259.75	41.30	Fosrenol [TK]

▪ SEVELAMER

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Pharmaceutical benefits that have the forms sevelamer hydrochloride 800 mg and sevelamer carbonate 800 mg tablet are equivalent for the purposes of substitution

Authority required (STREAMLINED)

5491

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

sevelamer carbonate 800 mg tablet, 180

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
11856B NP	1	5	..	207.18	41.30	[a] Sevelamer Apotex [TX]	[a] Sevelamer Lupin [GQ]

sevelamer hydrochloride 800 mg tablet, 180

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2142R NP	1	5	..	207.18	41.30	[a] Renagel [GZ]

▪ SUCROFERRIC OXYHYDROXIDE

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required (STREAMLINED)

5491

Hyperphosphataemia

Treatment Phase: Maintenance following initiation and stabilisation

Clinical criteria:

- The condition must not be adequately controlled by calcium, **AND**
- Patient must have a serum phosphate of greater than 1.6 mmol per L at the commencement of therapy; OR
- The condition must be where a serum calcium times phosphate product is greater than 4 at the commencement of therapy, **AND**
- The treatment must not be used in combination with any other non-calcium phosphate binding agents.

Treatment criteria:

- Patient must be undergoing dialysis for chronic kidney disease.

sucroferric oxyhydroxide 2.5 g (iron 500 mg) chewable tablet, 90

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10250L NP	1	5	..	411.12	41.30	Velphoro [VL]

Detoxifying agents for antineoplastic treatment

▪ FOLINIC ACID

folinic acid 100 mg/10 mL injection, 10 x 10 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1704Q	1	1	..	59.17	41.30	Leucovorin Calcium (Pfizer Australia Pty Ltd) [PF]

folinic acid 50 mg/5 mL injection, 10 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1610R	1	2	..	53.91	41.30	Leucovorin Calcium (Pfizer Australia Pty Ltd) [PF]

▪ FOLINIC ACID

Restricted benefit

Megaloblastic anaemias

Clinical criteria:

- The condition must be a result of folic acid deficiency from the use of folic acid antagonists.

folinic acid 15 mg tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2308L	1	..	..	93.80	41.30	Leucovorin Calcium (Hospira Pty Limited) [PF]

▪ MESNA

Restricted benefit

Urothelial toxicity

Treatment Phase: Prophylaxis or reduction of toxicity

Clinical criteria:

- The treatment must be adjunctive therapy to ifosfamide or high dose cyclophosphamide.

mesna 1 g/10 mL injection, 15 x 10 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8079F	1	5	..	177.14	41.30	Uromitexan [BX]

mesna 400 mg/4 mL injection, 15 x 4 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8078E	1	5	..	83.60	41.30	Uromitexan [BX]

Drugs for treatment of hypercalcemia

▪ PHOSPHORUS

Authority required (STREAMLINED)

5089

Hypophosphataemic rickets

Authority required (STREAMLINED)

5114

Vitamin D-resistant rickets

Authority required (STREAMLINED)

5095

Familial hypophosphataemia

Authority required (STREAMLINED)

5123

Hypercalcaemia

phosphorus 500 mg effervescent tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2946C NP	1	5	..	67.61	41.30	PHOSPHATE PHEBRA [FG]

Other therapeutic products

▪ POLYLACTIC ACID

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Authority applications may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe facial lipoatrophy

Treatment Phase: Initial PBS-subsidised treatment

Clinical criteria:

- The treatment must be for facial administration only, **AND**
- The condition must be caused by therapy for HIV infection.

Accreditation following completion of injection administration training with Galderma is required to prescribe poly-l-lactic acid under the PBS. Patients must be referred from the HIV physician to the accredited injector.

polylactic acid 150 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9475Q	2	4	..	*385.98	41.30	Sculptra [GA]

▪ POLYLACTIC ACID

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Maintenance treatment is limited to one re-treatment (maximum 2 vials) every 2 years.

Note Authority applications may be made by telephone to the Department of Human Services on 1800 700 270 (hours of operation 8 a.m. to 5 p.m. EST Monday to Friday).

Authority required

Severe facial lipoatrophy

Treatment Phase: Maintenance PBS-subsidised treatment

Clinical criteria:

- The treatment must be for facial administration only, **AND**
- The condition must be caused by therapy for HIV infection.

Accreditation following completion of injection administration training with Galderma is required to prescribe poly-l-lactic acid under the PBS. Patients must be referred from the HIV physician to the accredited injector.

polylactic acid 150 mg injection, 1 vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9476R	2	..	..	*385.98	41.30	Sculptra [GA]

▪ DIAGNOSTIC AGENTS

URINE TESTS

▪ GLUCOSE AND KETONE INDICATOR URINE

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

glucose and ketone indicator urine diagnostic strip, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3107M NP	2	2	..	*19.86	21.16	Keto-Diastix [DX]

▪ GLUCOSE INDICATOR URINE

Restricted benefit

For treatment of a patient identifying as Aboriginal or Torres Strait Islander

glucose indicator urine diagnostic strip, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3104J NP	2	2	..	*21.54	22.84	Diastix [DX]

▪ GENERAL NUTRIENTS

OTHER NUTRIENTS

▪ MEDIUM CHAIN TRIGLYCERIDES

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6147

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency.

Authority required (STREAMLINED)

6191

Dietary management of conditions requiring a source of medium chain triglycerides

Clinical criteria:

- Patient must have chylous ascites; OR
- Patient must have chylothorax; OR
- Patient must have hyperlipoproteinaemia type 1; OR
- Patient must have long chain fatty acid oxidation disorders; OR
- Patient must have fat malabsorption due to liver disease; OR
- Patient must have fat malabsorption due to short gut syndrome; OR

- Patient must have fat malabsorption due to cystic fibrosis; OR
- Patient must have fat malabsorption due to gastrointestinal disorders.

medium chain triglycerides oral liquid, 15 x 225 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11444H NP	2	5	..	*274.70	41.30	Betaquik [VF]

▪ MEDIUM CHAIN TRIGLYCERIDES

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)
6181
Chylous ascites
Authority required (STREAMLINED)
6134
Chylothorax
Authority required (STREAMLINED)
6164
Fat malabsorption
Clinical criteria:
- The condition must be due to liver disease; OR
- The condition must be due to short gut syndrome; OR
- The condition must be due to cystic fibrosis; OR
- The condition must be due to gastrointestinal disorders.

Authority required (STREAMLINED)
6203
Hyperlipoproteinaemia type 1
Authority required (STREAMLINED)
6155
Intractable childhood epilepsy
Clinical criteria:
- Patient must require a ketogenic diet.

Authority required (STREAMLINED)
6135
Cerebrospinal fluid glucose transporter defect
Clinical criteria:
- Patient must require a ketogenic diet.

Authority required (STREAMLINED)
6146
Long chain fatty acid oxidation disorders

medium chain triglycerides oral oil, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3128P NP	2	5	..	*45.76	41.30	MCT Oil [SB]

medium chain triglycerides oral liquid, 250 mL bottle

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9327X NP	8	5	..	*169.22	41.30	Liquigen [SB]

▪ PROTEIN FORMULA WITH CARBOHYDRATE, FAT, VITAMINS AND MINERALS

Note No increase in the maximum number of repeats may be authorised.
Note Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Restricted benefit
Dietary management of conditions requiring a source of medium chain triglycerides
Clinical criteria:
- Patient must have fat malabsorption due to liver disease; OR
- Patient must have fat malabsorption due to short gut syndrome; OR
- Patient must have fat malabsorption due to cystic fibrosis; OR
- Patient must have fat malabsorption due to gastrointestinal disorders.

Population criteria:
- Patient must be aged from 1 to 10 years inclusive.

protein formula with carbohydrate, fat, vitamins and minerals oral liquid, 12 x 500 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11939J NP	7	5	..	*1582.36	41.30	Nutrini Peptisorb Energy [NU]

Fat/carbohydrates/proteins/minerals/vitamins, combinations

▪ AMINO ACID SYNTHETIC FORMULA

Note Authorities for increased maximum quantities, up to a maximum of 52, may be authorised.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

amino acid synthetic formula powder for oral liquid, 400 g

1521C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	5	..	*437.86	41.30	Neocate Junior Vanilla [SB]

amino acid synthetic formula powder for oral liquid, 400 g

2250K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	5	..	*437.86	41.30	EleCare [AB]

▪ AMINO ACID SYNTHETIC FORMULA

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid synthetic formula powder for oral liquid, 400 g

1180D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*294.26	41.30	Neocate Junior Vanilla [SB]

amino acid synthetic formula powder for oral liquid, 400 g

8574G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*294.26	41.30	EleCare [AB]

▪ AMINO ACID SYNTHETIC FORMULA

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

amino acid synthetic formula powder for oral liquid, 400 g

1192R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*294.26	41.30	Neocate Junior Vanilla [SB]

amino acid synthetic formula powder for oral liquid, 400 g

8575H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*294.26	41.30	EleCare [AB]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids powder for oral liquid, 400 g

2246F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*315.46	41.30	Neocate LCP [SB]

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids powder for oral liquid, 400 g

9339M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*315.46	41.30	EleCare LCP [AB]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids powder for oral liquid, 400 g

2560R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*315.46	41.30	Neocate LCP [SB]

NP

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids powder for oral liquid, 400 g

9340N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*315.46	41.30	EleCare LCP [AB]

NP

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Note Authorities for increased maximum quantities, up to a maximum of 52, may be authorised.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g

1545H

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	5	..	*469.66	41.30	Neocate Gold [SB]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g

5466Q

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*315.46	41.30	Neocate Gold [SB]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g

5467R

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*315.46	41.30	Neocate Gold [SB]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g

2900P

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*315.46	41.30	Alfamino [NT]

▪ AMINO ACID SYNTHETIC FORMULA SUPPLEMENTED WITH LONG CHAIN POLYUNSATURATED FATTY ACIDS AND MEDIUM CHAIN TRIGLYCERIDES

Authority required

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

amino acid synthetic formula supplemented with long chain polyunsaturated fatty acids and medium chain triglycerides powder for oral liquid, 400 g

2928D

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*315.46	41.30	Alfamino [NT]

▪ PROTEIN HYDROLYSATE FORMULA WITH MEDIUM CHAIN TRIGLYCERIDES

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6174

Cows' milk protein enteropathy and intolerance to soy protein

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**

- Patient must have failed to respond to a strict soy-based cows' milk protein free diet.

Population criteria:

- Patient must be up to the age of 24 months.

Authority required (STREAMLINED)

6193

Cows' milk protein enteropathy and intolerance to soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have demonstrated a clinical improvement with the protein hydrolysate formula with medium chain triglycerides.

Population criteria:

- Patient must be up to the age of 24 months.

Authority required (STREAMLINED)

6204

Cows' milk protein enteropathy and intolerance to soy protein

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have failed to respond to a strict soy-based cows' milk protein free diet.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist must be documented in the patient's medical records

Authority required (STREAMLINED)

6137

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist must be documented in the patient's medical records

Authority required (STREAMLINED)

6182

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist must be documented in the patient's medical records

Authority required (STREAMLINED)

6194

Biliary atresia

Authority required (STREAMLINED)

6157

Chronic liver failure with fat malabsorption

Authority required (STREAMLINED)

6205

Chylous ascites

Authority required (STREAMLINED)

6195

Cystic fibrosis

Authority required (STREAMLINED)

6158

Enterokinase deficiency

Authority required (STREAMLINED)

6166

Proven fat malabsorption

Authority required (STREAMLINED)

6148

Severe diarrhoea of greater than 2 weeks duration

Population criteria:

- Patient must be aged less than 4 months.

Authority required (STREAMLINED)

6138

Severe intestinal malabsorption including short bowel syndrome

protein hydrolysate formula with medium chain triglycerides powder for oral liquid, 450 g

8259Q

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*88.42	41.30	Aptamil Gold+ Pepti-Junior [NU]

▪ PROTEIN HYDROLYSATE FORMULA WITH MEDIUM CHAIN TRIGLYCERIDES

Note No increase in the maximum quantity or number of units may be authorised.
Note No increase in the maximum number of repeats may be authorised.

Authority required (STREAMLINED)

6174

Cows' milk protein enteropathy and intolerance to soy protein

Treatment Phase: Initial treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have failed to respond to a strict soy-based cows' milk protein free diet.

Population criteria:

- Patient must be up to the age of 24 months.

Authority required (STREAMLINED)

6193

Cows' milk protein enteropathy and intolerance to soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have demonstrated a clinical improvement with the protein hydrolysate formula with medium chain triglycerides.

Population criteria:

- Patient must be up to the age of 24 months.

Authority required (STREAMLINED)

6204

Cows' milk protein enteropathy and intolerance to soy protein

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist, specialist paediatrician or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have failed to respond to a strict soy-based cows' milk protein free diet.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist must be documented in the patient's medical records

Authority required (STREAMLINED)

6137

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist must be documented in the patient's medical records

Authority required (STREAMLINED)

6182
Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein
Treatment Phase: Continuing treatment
Treatment criteria:
- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Population criteria:
- Patient must be up to the age of 24 months.

The name of the specialist must be documented in the patient's medical records
Authority required (STREAMLINED)
6194
Biliary atresia
Authority required (STREAMLINED)
6157
Chronic liver failure with fat malabsorption
Authority required (STREAMLINED)
6205
Chylous ascites
Authority required (STREAMLINED)
6195
Cystic fibrosis
Authority required (STREAMLINED)
6158
Enterokinase deficiency
Authority required (STREAMLINED)
6166
Proven fat malabsorption
Authority required (STREAMLINED)
6148
Severe diarrhoea of greater than 2 weeks duration
Population criteria:
- Patient must be aged less than 4 months.

Authority required (STREAMLINED)
6138
Severe intestinal malabsorption including short bowel syndrome
Authority required (STREAMLINED)
6206
Chylothorax

protein hydrolysate formula with medium chain triglycerides powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2676W NP	8	5	..	*135.46	41.30	Alfaré [NT]

▪ TRIGLYCERIDES MEDIUM CHAIN FORMULA

Note No increase in the maximum number of repeats may be authorised.
Note No increase in the maximum quantity or number of units may be authorised.
Note Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Restricted benefit
Dietary management of conditions requiring a source of medium chain triglycerides
Clinical criteria:
- Patient must have fat malabsorption due to liver disease; OR
- Patient must have fat malabsorption due to short gut syndrome; OR
- Patient must have fat malabsorption due to cystic fibrosis; OR
- Patient must have fat malabsorption due to gastrointestinal disorders.

triglycerides medium chain formula oral liquid, 8 x 500 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10375C NP	8	5	..	*718.02	41.30	Nutrini Peptisorb [SB]

triglycerides medium chain formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10152H NP	8	5	..	*402.98	41.30	Monogen [SB]

triglycerides medium chain formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10155L NP	8	5	..	*363.94	41.30	Lipistart [VF]

▪ TRIGLYCERIDES MEDIUM CHAIN FORMULA

Note No increase in the maximum number of repeats may be authorised.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Note Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Restricted benefit

Dietary management of conditions requiring a source of medium chain triglycerides

Clinical criteria:

- Patient must have fat malabsorption due to liver disease; OR
- Patient must have fat malabsorption due to short gut syndrome; OR
- Patient must have fat malabsorption due to cystic fibrosis; OR
- Patient must have fat malabsorption due to gastrointestinal disorders.

triglycerides medium chain formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10154K NP	8	5	..	*337.22	41.30	Peptamen Junior [NT]

▪ TRIGLYCERIDES MEDIUM CHAIN FORMULA

Note No increase in the maximum number of repeats may be authorised.

Note No increase in the maximum quantity or number of units may be authorised.

Note Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Restricted benefit

Hyperlipoproteinaemia type 1

Restricted benefit

Long chain fatty acid oxidation disorders

Restricted benefit

Chylous ascites

Restricted benefit

Chylothorax

triglycerides medium chain formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1938B NP	8	5	..	*363.94	41.30	Lipistart [VF]

triglycerides medium chain formula powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8478F NP	8	5	..	*402.98	41.30	Monogen [SB]

Carbohydrates

▪ MODIFIED LONG CHAIN AMYLOPECTIN

Restricted benefit

Glycogen storage disease

modified long chain amylopectin powder for oral liquid, 30 x 60 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9386B NP	4	5	..	*650.94	41.30	Glycosade [VF]

Amino acids/carbohydrates/minerals/vitamins, combinations

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS, TRACE ELEMENTS AND MEDIUM CHAIN TRIGLYCERIDES

Authority required

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

10522T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*342.98	41.30	Alfamino Junior [NT]

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

11161K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*342.98	41.30	Neocate Junior [SB]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS, TRACE ELEMENTS AND MEDIUM CHAIN TRIGLYCERIDES

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10527C NP	8	5	..	*342.98	41.30	Alfamino Junior [NT]

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11183N NP	8	5	..	*342.98	41.30	Neocate Junior [SB]

Milk substitutes

▪ MILK POWDER SYNTHETIC LOW CALCIUM

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

Hypercalcaemia

Population criteria:

- Patient must be under the age of 4 years.

milk powder synthetic low calcium powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3092R NP	8	5	..	*363.22	41.30	Locasol [SB]

Other combinations of nutrients

▪ AMINO ACID FORMULA SUPPLEMENTED WITH PREBIOTICS, PROBIOTICS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS

Note Authorities for increased maximum quantities, up to a maximum of 52, may be authorised.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids powder for oral liquid, 400 g

11343B

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12	5	..	*500.86	41.30	Neocate Syneo [SB]

▪ AMINO ACID FORMULA SUPPLEMENTED WITH PREBIOTICS, PROBIOTICS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11331J NP	8	5	..	*336.26	41.30	Neocate Syneo [SB]

▪ AMINO ACID FORMULA SUPPLEMENTED WITH PREBIOTICS, PROBIOTICS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS

Note Authorities for increased maximum quantities, up to a maximum of 20, may be authorised.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

Note A risk/benefit analysis prior to treatment, and continuous patient monitoring from a health care professional is required for the use of this product, for this indication.

amino acid formula supplemented with prebiotics, probiotics and long chain polyunsaturated fatty acids powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11340W NP	8	5	..	*336.26	41.30	Neocate Syneo [SB]

▪ AMINO ACID FORMULA WITH CARBOHYDRATE WITHOUT PHENYLALANINE

Note This product does not contain any vitamins, minerals or trace elements and is not intended as a sole source of nutrition

Restricted benefit

Phenylketonuria

amino acid formula with carbohydrate without phenylalanine modified release tablet, 6 x 77

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12072J NP	4	5	..	*1321.74	41.30	PKU Easy Tablet [OH]

▪ AMINO ACID FORMULA WITH CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS WITHOUT PHENYLALANINE

Restricted benefit

Phenylketonuria

amino acid formula with carbohydrate, vitamins, minerals and trace elements without phenylalanine powder for oral liquid, 30 x 20 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10806R NP	4	5	..	*1003.38	41.30	PKU Go [OH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE WITHOUT METHIONINE

Note This product does not contain any vitamins, minerals or trace elements and is not intended as a sole source of nutrition

Restricted benefit

Pyridoxine non-responsive homocystinuria

amino acid formula with fat, carbohydrate without methionine modified release tablet, 6 x 77

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12006X NP	5	5	..	*2961.38	41.30	HCU Easy Tablet [OH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE WITHOUT PHENYLALANINE

Restricted benefit

Phenylketonuria

amino acid formula with fat, carbohydrate without phenylalanine tablet: modified release, 4 x 110 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10683G NP	7	5	..	*1849.27	41.30	PKU Easy Microtabs [OH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE WITHOUT PHENYLALANINE AND TYROSINE

Note This product does not contain any vitamins, minerals or trace elements and is not intended as a sole source of nutrition

Restricted benefit

Tyrosinaemia

amino acid formula with fat, carbohydrate without phenylalanine and tyrosine modified release tablet, 6 x 77

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12015J NP	4	5	..	*2401.38	41.30	TYR Easy Tablet [OH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE WITHOUT VALINE, LEUCINE AND ISOLEUCINE

Note This product does not contain any vitamins, minerals or trace elements and is not intended as a sole source of nutrition

Restricted benefit

Maple syrup urine disease

amino acid formula with fat, carbohydrate without valine, leucine and isoleucine modified release tablet, 6 x 77

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12014H NP	5	5	..	*2961.38	41.30	MSUD Easy Tablet [OH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS WITHOUT METHIONINE AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID

Restricted benefit

Pyridoxine non-responsive homocystinuria

amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without methionine and supplemented with docosahexaenoic acid oral liquid, 36 x 125 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3417W NP	4	5	..	*2180.42	41.30	HCU Anamix junior LQ [SB]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS WITHOUT PHENYLALANINE

Restricted benefit

Phenylketonuria

amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without phenylalanine oral liquid: powder for, 30 x 34 g bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10632N NP	5	5	..	*1826.33	41.30	PKU Easy Shake & Go [OH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS WITHOUT PHENYLALANINE AND TYROSINE, AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID

Restricted benefit

Tyrosinaemia

amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements without phenylalanine and tyrosine, and supplemented with docosahexaenoic acid oral liquid, 36 x 125 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9330C NP	4	5	..	*2180.42	41.30	TYR Anamix junior LQ [SB]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS AND TRACE ELEMENTS, WITHOUT PHENYLALANINE AND TYROSINE

Restricted benefit

Tyrosinaemia

amino acid formula with fat, carbohydrate, vitamins, minerals and trace elements, without phenylalanine and tyrosine powder for oral liquid, 30 x 34 g bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10934L NP	4	5	..	*2965.66	41.30	TYR Easy Shake & Go [OH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS, TRACE ELEMENTS AND MEDIUM CHAIN TRIGLYCERIDES

Note Authority approval for an increased maximum quantity, up to 3 times the stated quantity (in packs), may be sought.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist at intervals not greater than 12 months.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe intestinal malabsorption including short bowel syndrome

Clinical criteria:

- Patient must have failed to respond to protein hydrolysate formulae; OR
- Patient must have been receiving parenteral nutrition.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must have responded to an initial course of PBS-subsidised treatment.

Population criteria:

- Patient must be 18 years of age or less.

Response to initial treatment is demonstrated by oesophageal biopsy specimens obtained by endoscopy, where the most densely involved oesophageal biopsy had 5 or less eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies. The response criteria will not be deemed to have been met if oral steroids were commenced during initial treatment.

Authority required

Eosinophilic oesophagitis

Treatment Phase: Initial treatment for up to 3 months

Treatment criteria:

- Must be treated by a clinical immunologist, suitably qualified allergist or gastroenterologist.

Clinical criteria:

- Patient must require an amino acid based formula as a component of a dietary elimination program.

Population criteria:

- Patient must be 18 years of age or less.

Treatment with oral steroids should not be commenced during the period of initial treatment.

Eosinophilic oesophagitis is demonstrated by the following criteria:

(i) Chronic symptoms of reflux that persisted despite a 2-month trial of a proton pump inhibitor or chronic dysphagia; and

(ii) A lack of demonstrable anatomic abnormality with the exception of stricture, which can be attributable to eosinophilic oesophagitis; and

(iii) Eosinophilic infiltration of the oesophagus, demonstrated by oesophageal biopsy specimens obtained by endoscopy and where the most densely involved oesophageal biopsy had 20 or more eosinophils in any single 400 x high powered field, along with normal antral and duodenal biopsies.

The date of birth of the patient must be included in the authority application.

Authority required

Combined intolerance to cows' milk protein, soy protein and protein hydrolysate formulae

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be older than 24 months of age.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 800 g

12650T

NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*335.18	41.30	Essential Care Jr [QH]

▪ AMINO ACID FORMULA WITH FAT, CARBOHYDRATE, VITAMINS, MINERALS, TRACE ELEMENTS AND MEDIUM CHAIN TRIGLYCERIDES

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Applications for authorisation under this restriction may be made in real time using the Online PBS Authorities system (see www.servicesaustralia.gov.au/HPOS) or by telephone by contacting Services Australia on 1800 888 333.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- The condition must not be isolated infant colic or reflux.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Initial treatment for up to 6 months

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or in consultation with a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides).

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk protein enteropathy

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must be intolerant to both soy protein and protein hydrolysate formulae, as demonstrated when the child has failed to respond to a strict cows' milk protein free and strict soy protein free diet with a protein hydrolysate (with or without medium chain triglycerides) as the principal formula.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Severe cows' milk protein enteropathy with failure to thrive

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist, or have been assessed at least once or have an appointment to be assessed by one of these specialists.

Clinical criteria:

- The condition must not be isolated infant colic or reflux, **AND**
- Patient must have had failure to thrive prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Proven combined immunoglobulin E (IgE) mediated allergy to cows' milk protein and soy protein

Treatment Phase: Continuing treatment

Treatment criteria:

- Must be treated by a specialist allergist, clinical immunologist or specialist paediatric gastroenterologist and hepatologist.

Clinical criteria:

- Patient must have failed a trial of protein hydrolysate formulae (with or without medium chain triglycerides) prior to commencement with initial treatment.

Population criteria:

- Patient must be up to the age of 24 months.

The name of the specialist and the date of birth of the patient must be included in the authority application.

Authority required

Cows' milk anaphylaxis

Treatment criteria:

- Must be treated by a specialist allergist or clinical immunologist, or in consultation with a specialist allergist or clinical immunologist.

Population criteria:

- Patient must be up to the age of 24 months.

Anaphylaxis is defined as a severe and/or potentially life threatening allergic reaction.

The name of the specialist and the date of birth of the patient must be included in the authority application.

amino acid formula with fat, carbohydrate, vitamins, minerals, trace elements and medium chain triglycerides powder for oral liquid, 800 g

12643K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*335.18	41.30	Essential Care Jr [QH]

NP

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT LYSINE AND LOW IN TRYPTOPHAN

Restricted benefit

Proven glutaric aciduria type 1

amino acid formula with vitamins and minerals without lysine and low in tryptophan powder for oral liquid, 30 x 18 g sachets

10715Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*1830.74	41.30	GA1 Anamix Junior [NU]

NP

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT LYSINE AND LOW IN TRYPTOPHAN

Restricted benefit

Proven glutaric aciduria type 1

amino acid formula with vitamins and minerals without lysine and low in tryptophan powder for oral liquid, 400 g

2650L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*665.62	41.30	GA1 Anamix infant [SB]

NP

amino acid formula with vitamins and minerals without lysine and low in tryptophan powder for oral liquid, 500 g

10466W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9	5	..	*2668.81	41.30	XLYS, LOW TRY Maxamum [SB]

NP

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT LYSINE AND LOW IN TRYPTOPHAN

Restricted benefit

Proven glutaric aciduria type 1

Restricted benefit

Pyridoxine dependent epilepsy

Clinical criteria:

- Patient must be managed on a low lysine diet for pyridoxine dependent epilepsy, **AND**
- The condition must be treated by or in consultation with a metabolic physician.

amino acid formula with vitamins and minerals without lysine and low in tryptophan powder for oral liquid, 30 x 24 g sachets

9438R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*1830.74	41.30	GA gel [VF]

NP

amino acid formula with vitamins and minerals without lysine and low in tryptophan powder for oral liquid, 30 x 25 g sachets

5484P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*2733.14	41.30	GA express 15 [VF]

NP

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE

Restricted benefit

Pyridoxine non-responsive homocystinuria

amino acid formula with vitamins and minerals without methionine powder for oral liquid, 500 g

8416Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*2239.30	41.30	XMET Maxamum [SB]

NP

amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 87 mL sachets

2639X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*1742.38	41.30	HCU cooler 10 [VF]

NP

amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 125 mL pouches

1548L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*2558.98	41.30	HCU Lophlex LQ 20 [SB]

NP

amino acid formula with vitamins and minerals without methionine powder for oral liquid, 30 x 25 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8744F NP	4	5	..	*2559.02	41.30	HCU express 15 [VF]

amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 174 mL sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2640Y NP	4	5	..	*3358.26	41.30	HCU cooler 20 [VF]

amino acid formula with vitamins and minerals without methionine powder for oral liquid, 30 x 24 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8677Q NP	4	5	..	*1742.38	41.30	HCU gel [VF]

amino acid formula with vitamins and minerals without methionine oral liquid, 30 x 130 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9133Q NP	4	5	..	*2559.02	41.30	HCU cooler 15 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE

Restricted benefit

Pyridoxine non-responsive homocystinuria

amino acid formula with vitamins and minerals without methionine powder for oral liquid, 30 x 29 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12273Y NP	4	5	..	*3358.26	41.30	HCU Lophlex [SB]

amino acid formula with vitamins and minerals without methionine oral liquid: powder for, 30 x 36 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10693T NP	4	5	..	*1742.38	41.30	HCU Anamix Junior [NU]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE

Restricted benefit

Pyridoxine non-responsive homocystinuria

Population criteria:

- Patient must be an infant or a very young child.

amino acid formula with vitamins and minerals without methionine powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8417B NP	8	5	..	*632.74	41.30	HCU Anamix infant [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE, THREONINE AND VALINE AND LOW IN ISOLEUCINE

Restricted benefit

Methylmalonic acidaemia

Restricted benefit

Propionic acidaemia

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine powder for oral liquid, 500 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8061G NP	8	5	..	*2239.30	41.30	XMTVI Maxamum [SB]

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine powder for oral liquid, 30 x 25 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3443F NP	4	5	..	*2559.02	41.30	MMA/PA express 15 [VF]

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8058D NP	8	5	..	*632.74	41.30	MMA/PA Anamix infant [SB]

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine powder for oral liquid, 30 x 24 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3444G NP	4	5	..	*1742.38	41.30	MMA/PA gel [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT METHIONINE, THREONINE AND VALINE AND LOW IN ISOLEUCINE

Restricted benefit

Methylmalonic acidaemia

Restricted benefit

Propionic acidaemia

amino acid formula with vitamins and minerals without methionine, threonine and valine and low in isoleucine powder for oral liquid, 30 x 18 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10730R NP	8	5	..	*1742.34	41.30	MMA/PA Anamix Junior [NU]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE

Restricted benefit

Phenylketonuria

amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 30 x 25 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8591E NP	4	5	..	*1269.38	41.30	PKU express 15 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 130 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10410X NP	4	5	..	*1268.70	41.30	PKU Air 15 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 174 mL cans

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2474F NP	4	5	..	*1690.90	41.30	PKU Cooler 20 [VF]

amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 500 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2739E NP	8	5	..	*1108.18	41.30	XP Maxamum [SB]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 60 x 62.5 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9397N NP	2	5	..	*867.74	41.30	PKU Lophlex LQ 10 [SB]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 130 mL cans

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8846N NP	4	5	..	*1268.70	41.30	PKU Cooler 15 [VF]

amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 30 x 34 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1909L NP	4	5	..	*1690.90	41.30	PKU express 20 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral semi-solid, 36 x 109 g tubs

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2806Q NP	3	5	..	*1519.27	41.30	PKU Lophlex Sensation 20 [SB]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 85 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5483N NP	4	5	..	*867.14	41.30	PKU squeezie [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 125 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9021T NP	4	5	..	*1671.58	41.30	PKU Lophlex LQ 20 [SB]

amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 30 x 24 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8555G NP	4	5	..	*867.14	41.30	PKU gel [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 36 x 125 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9396M NP	4	5	..	*1040.38	41.30	PKU Anamix Junior LQ [SB]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 174 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10411Y NP	4	5	..	*1690.90	41.30	PKU Air 20 [VF]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 18 x 250 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8746H NP	5	5	..	*1075.98	41.30	Easiphen [SB]

amino acid formula with vitamins and minerals without phenylalanine powder for oral liquid, 30 x 28 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12136R NP	4	5	..	*1671.58	41.30	PKU Lophlex [SB]

amino acid formula with vitamins and minerals without phenylalanine oral liquid, 30 x 87 mL cans

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2382J NP	4	5	..	*848.26	41.30	PKU Cooler 10 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE

Note Changes in vitamin D levels and amino acid composition have occurred with a recent formulation change.

Restricted benefit
Phenylketonuria

amino acid formula with vitamins and minerals without phenylalanine oral liquid: powder for, 30 x 36 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10258X NP	4	5	..	*868.14	41.30	PKU Anamix Junior [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE AND TYROSINE

Restricted benefit
Tyrosinaemia

amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid, 30 x 174 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2701E NP	4	5	..	*3358.26	41.30	TYR cooler 20 [VF]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine powder for oral liquid, 500 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3078B NP	8	5	..	*2239.30	41.30	XPhen, Tyr Maxamum [SB]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine powder for oral liquid, 30 x 34 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11151X NP	4	5	..	*3358.26	41.30	TYR express 20 [VF]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine powder for oral liquid, 30 x 25 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8667E NP	4	5	..	*2559.02	41.30	TYR express 15 [VF]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid, 30 x 87 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2674R NP	4	5	..	*1742.38	41.30	TYR cooler 10 [VF]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid, 30 x 130 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9132P NP	4	5	..	*2559.02	41.30	TYR cooler 15 [VF]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine powder for oral liquid, 30 x 24 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8631G NP	4	5	..	*1742.38	41.30	TYR gel [VF]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8445L NP	8	5	..	*632.74	41.30	TYR Anamix infant [SB]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid, 30 x 125 mL pouches

1547K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*2558.98	41.30	TYR Lophlex LQ 20 [SB]

amino acid formula with vitamins and minerals without phenylalanine and tyrosine powder for oral liquid, 30 x 28 g sachets

12274B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*3358.26	41.30	TYR Lophlex [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT PHENYLALANINE AND TYROSINE

Note Changes in vitamin D levels and amino acid composition have occurred with a recent formulation change.

Restricted benefit

Tyrosinaemia

amino acid formula with vitamins and minerals without phenylalanine and tyrosine oral liquid: powder for, 30 x 36 g sachets

10260B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*1742.38	41.30	TYR Anamix Junior [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE

Restricted benefit

Maple syrup urine disease

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 30 x 25 g sachets

8632H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*2559.02	41.30	MSUD express 15 [VF]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 130 mL pouches

2375B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*2559.02	41.30	MSUD cooler 15 [VF]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 125 mL pouches

1546J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*2558.98	41.30	MSUD Lophlex LQ 20 [SB]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 87 mL pouches

2651M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*1742.38	41.30	MSUD cooler 10 [VF]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 400 g

2380G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*632.74	41.30	MSUD Anamix infant [SB]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 30 x 28 g sachets

12285N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*3358.26	41.30	MSUD Lophlex [SB]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid, 30 x 174 mL pouches

2654Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*3358.26	41.30	MSUD cooler 20 [VF]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 30 x 24 g sachets

8592F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*1742.38	41.30	MSUD gel [VF]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 500 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8057C NP	8	5	..	*2239.30	41.30	MSUD Maxamum [SB]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 500 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8310J NP	4	5	..	*2212.66	41.30	MSUD AID III [SB]

amino acid formula with vitamins and minerals without valine, leucine and isoleucine powder for oral liquid, 30 x 34 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1914R NP	4	5	..	*3367.82	41.30	MSUD express 20 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE

Note Changes in vitamin D levels and amino acid composition have occurred with a recent formulation change.

Restricted benefit

Maple syrup urine disease

amino acid formula with vitamins and minerals without valine, leucine and isoleucine oral liquid: powder for, 30 x 36 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10259Y NP	4	5	..	*1742.38	41.30	MSUD Anamix Junior [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS WITHOUT VALINE, LEUCINE AND ISOLEUCINE WITH FAT, CARBOHYDRATE AND TRACE ELEMENTS AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID

Restricted benefit

Maple syrup urine disease

amino acid formula with vitamins and minerals without valine, leucine and isoleucine with fat, carbohydrate and trace elements and supplemented with docosahexaenoic acid oral liquid, 36 x 125 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9499Y NP	4	5	..	*2180.42	41.30	MSUD Anamix Junior LQ [SB]

▪ AMINO ACID FORMULA WITH VITAMINS AND MINERALS, LOW PHENYLALANINE AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID AND ARACHIDONIC ACID

Restricted benefit

Phenylketonuria

amino acid formula with vitamins and minerals, low phenylalanine and supplemented with docosahexaenoic acid and arachidonic acid powder for oral liquid, 30 x 25 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11836Y NP	4	5	..	*1003.34	41.30	PKU Explore 10 [VF]

amino acid formula with vitamins and minerals, low phenylalanine and supplemented with docosahexaenoic acid and arachidonic acid powder for oral liquid, 30 x 12.5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11185Q NP	8	5	..	*1003.30	41.30	PKU Anamix First Spoon [SB]

amino acid formula with vitamins and minerals, low phenylalanine and supplemented with docosahexaenoic acid and arachidonic acid powder for oral liquid, 30 x 12.5 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11859E NP	8	5	..	*1003.30	41.30	PKU Explore 5 [VF]

▪ AMINO ACID FORMULA WITH VITAMINS, MINERALS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS WITHOUT PHENYLALANINE

Restricted benefit

Phenylketonuria

amino acid formula with vitamins, minerals and long chain polyunsaturated fatty acids without phenylalanine powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8479G NP	8	5	..	*578.82	41.30	PKU Anamix infant [SB]

▪ AMINO ACID FORMULA WITH VITAMINS, MINERALS AND LONG CHAIN POLYUNSATURATED FATTY ACIDS WITHOUT PHENYLALANINE

Note The level of iron in this product is below the recommended daily intake (RDI) for infants and should be supplemented by other sources where appropriate.

Restricted benefit

Phenylketonuria

amino acid formula with vitamins, minerals and long chain polyunsaturated fatty acids without phenylalanine powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11653H NP	8	5	..	*615.22	41.30	PKU Start [VF]

▪ AMINO ACID FORMULA WITHOUT PHENYLALANINE

Restricted benefit

Phenylketonuria

amino acid formula without phenylalanine 1 g tablet, 75

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8678R NP	24	5	..	*1169.38	41.30	Phlexy-10 [SB]

▪ AMINO ACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE

Restricted benefit

Maple syrup urine disease

amino acid formula without valine, leucine and isoleucine containing 5 g of protein equivalent powder for oral liquid, 30 x 6 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10161T NP	12	5	..	*2965.66	41.30	MSUD amino5 [VF]

▪ ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID WITH CARBOHYDRATE

Restricted benefit

Peroxisomal biogenesis disorders

arachidonic acid and docosahexaenoic acid with carbohydrate containing 200 mg arachidonic acid and 100 mg docosahexaenoic acid powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10036F NP	4	5	..	*352.58	41.30	keyomega [VF]

▪ ARGININE WITH CARBOHYDRATE

Note Arginine with carbohydrate is not indicated for the treatment of arginase deficiency and other inborn errors of protein metabolism.

Restricted benefit

Urea cycle disorders

arginine with carbohydrate containing 5 g arginine powder for oral liquid, 30 x 7.6 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10093F NP	4	5	..	*880.22	41.30	Arginine 5000 [VF]

arginine with carbohydrate containing 500 mg arginine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9437Q NP	4	5	..	*446.98	41.30	Arginine 500 [VF]

arginine with carbohydrate containing 2 g arginine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5482M NP	4	5	..	*666.94	41.30	Arginine 2000 [VF]

▪ CARBOHYDRATE, FAT, VITAMINS, MINERALS AND TRACE ELEMENTS

Restricted benefit

Proven inborn errors of protein metabolism

Clinical criteria:

- Patient must be unable to meet their energy requirements with permitted food and formulae.

carbohydrate, fat, vitamins, minerals and trace elements powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8369L NP	8	5	..	*257.62	41.30	Energivit [SB]

▪ CARBOHYDRATES, FAT, VITAMINS, MINERALS, TRACE ELEMENTS AND SUPPLEMENTED WITH ARACHIDONIC ACID AND DOCOSAHEXAENOIC ACID

Restricted benefit

Proven inborn errors of protein metabolism

Clinical criteria:

- Patient must be unable to meet their energy requirements with permitted food and formulae.

carbohydrates, fat, vitamins, minerals, trace elements and supplemented with arachidonic acid and docosahexaenoic acid providing 200 kilocalories powder for oral liquid, 30 x 43 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10039J NP	4	5	..	*453.70	41.30	basecal 200 [VF]

▪ CITRULLINE

Note Citrulline is not indicated for the treatment of arginase deficiency and other inborn errors of protein metabolism

Restricted benefit

Urea cycle disorders

Clinical criteria:

- The treatment must be for preventing low plasma arginine levels; OR
- The treatment must be for preventing low citrulline levels.

citrulline 1 g tablet, 300

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10736C NP	‡1	5	..	1143.56	41.30	Citrulline Easy [OH]

▪ CITRULLINE WITH CARBOHYDRATE

Note Citrulline with carbohydrate is not indicated for the treatment of arginase deficiency and other inborn errors of protein metabolism.

Restricted benefit

Urea cycle disorders

Clinical criteria:

- The treatment must be for preventing low plasma arginine levels; OR
- The treatment must be for preventing low citrulline levels.

citrulline with carbohydrate containing 1 g citrulline powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5481L NP	4	5	..	*446.98	41.30	Citrulline 1000 [VF]

▪ DOCOSAHEXAENOIC ACID WITH CARBOHYDRATE

Restricted benefit

Peroxisomal biogenesis disorders

docosahexaenoic acid with carbohydrate containing 200 mg docosahexaenoic acid powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10040K NP	4	5	..	*352.58	41.30	docomega [VF]

▪ ESSENTIAL AMINO ACIDS FORMULA

Restricted benefit

Gyrate atrophy of the choroid and retina

Restricted benefit

Urea cycle disorders

essential amino acids formula powder for oral liquid, 2 x 200 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9329B NP	6	5	..	*1031.92	41.30	Essential Amino Acid Mix [SB]

▪ ESSENTIAL AMINO ACIDS FORMULA WITH MINERALS AND VITAMIN C

Restricted benefit

Gyrate atrophy of the choroid and retina

Restricted benefit

Urea cycle disorders

essential amino acids formula with minerals and vitamin C powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2027Q NP	5	5	..	*521.88	41.30	Dialamine [SB]

▪ ESSENTIAL AMINO ACIDS FORMULA WITH VITAMINS AND MINERALS

Restricted benefit

Gyrate atrophy of the choroid and retina

Restricted benefit

Urea cycle disorders

essential amino acids formula with vitamins and minerals powder for oral liquid, 50 x 12.5 g sachets

9385Y NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*1304.66	41.30	EAA Supplement [VF]

▪ GLYCINE WITH CARBOHYDRATE

Restricted benefit

Isovaleric acidaemia

glycine with carbohydrate containing 500 mg glycine powder for oral liquid, 30 x 4 g sachets

10195N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*495.82	41.30	Glycine500 [VF]

▪ GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACID FORMULA WITH VITAMINS, MINERALS, AND LOW IN TYROSINE AND PHENYLALANINE

Restricted benefit

Tyrosinaemia

glycomacropeptide and essential amino acid formula with vitamins, minerals, and low in tyrosine and phenylalanine powder for oral liquid, 30 x 35 g sachets

11832R NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*4097.26	41.30	TYR Sphere20 [VF]

glycomacropeptide and essential amino acid formula with vitamins, minerals, and low in tyrosine and phenylalanine powder for oral liquid, 30 x 31 g sachets

12175T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*3358.26	41.30	Tylactin Build 20 [QH]

▪ GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS

Restricted benefit

Tyrosinaemia

glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g of protein equivalent bar, 14 x 81 g

11290F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8	5	..	*2916.42	41.30	Tylactin Complete [QH]

glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g of protein equivalent oral liquid, 30 x 250 mL cartons

10528D NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*3113.26	41.30	Tylactin RTD [QH]

▪ GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS

Restricted benefit

Phenylketonuria

glycomacropeptide and essential amino acids with vitamins and minerals powder for oral liquid, 30 x 49 g sachets

10652P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*1579.02	41.30	Camino Pro Bettermilk [QH]

glycomacropeptide and essential amino acids with vitamins and minerals powder for oral liquid, 30 x 51 g sachets

10992M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*2084.02	41.30	PKU Bettermilk Lite [QH]

glycomacropeptide and essential amino acids with vitamins and minerals powder for oral liquid, 60 x 20 g sachets

11084J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	5	..	*1316.48	41.30	PKU Restore [QH]

glycomacropeptide and essential amino acids with vitamins and minerals bar, 7 x 81 g

2644E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
14	5	..	*1292.98	41.30	Camino Pro Complete [QH]

▪ GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS

Note This product contains higher vitamin A levels than other PBS-listed glycomacropeptide products.

Restricted benefit

Phenylketonuria

glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g protein oral liquid, 30 x 250 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10332T NP	4	5	..	*1578.98	41.30	PKU Glytactin RTD 15 [QH]

glycomacropeptide and essential amino acids with vitamins and minerals containing 15 g of protein equivalent oral liquid, 30 x 250 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11640P NP	4	5	..	*1578.98	41.30	PKU Glytactin RTD 15 Lite [QH]

▪ GLYCOMACROPEPTIDE AND ESSENTIAL AMINO ACIDS WITH VITAMINS AND MINERALS

Note This product is low in folic acid, choline and methionine and is not intended as a sole source of nutrition.

Restricted benefit

Phenylketonuria

glycomacropeptide and essential amino acids with vitamins and minerals containing 20 g of protein equivalent powder for oral liquid, 30 x 32 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11279P NP	4	5	..	*2084.02	41.30	PKU Build 20 [QH]

glycomacropeptide and essential amino acids with vitamins and minerals containing 10 g of protein equivalent powder for oral liquid, 60 x 16 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11287C NP	2	5	..	*1073.96	41.30	PKU Build 10 [QH]

▪ GLYCOMACROPEPTIDE FORMULA WITH DOCOSAHEXAENOIC ACID AND LOW PHENYLALANINE

Restricted benefit

Phenylketonuria

glycomacropeptide formula with docosahexaenoic acid and low phenylalanine powder for oral liquid, 30 x 27 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11245W NP	4	5	..	*1579.02	41.30	PKU Sphere15 [VF]

glycomacropeptide formula with docosahexaenoic acid and low phenylalanine powder for oral liquid, 30 x 35 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11071Q NP	4	5	..	*2084.02	41.30	PKU Sphere20 [VF]

▪ GLYCOMACROPEPTIDE FORMULA WITH DOCOSAHEXAENOIC ACID AND LOW PHENYLALANINE

Note This product contains higher vitamin A levels than other PBS-listed glycomacropeptide products.

Restricted benefit

Phenylketonuria

glycomacropeptide formula with docosahexaenoic acid and low phenylalanine oral liquid, 18 x 250 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11844J NP	10	5	..	*1578.98	41.30	PKU GMPro LQ [SB]

▪ HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Requests seeking an increased maximum quantity (packs) up to 4 times that stated, may be authorised.

Restricted benefit

Ketogenic diet

Treatment criteria:

- Patient must be undergoing treatment under the strict supervision of a dietitian, together with at least one of: (i) a metabolic physician, (ii) a neurologist.

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate oral semi-solid, 36 x 100 g tubs

12635B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*793.42	41.30	K.Yo [VF]

▪ HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Authorities for increased maximum quantities, up to a maximum of 11, may be authorised.

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency.

KetoCal 4:1 should only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (4:1 ratio long chain fat to carbohydrate plus protein) oral liquid, 32 x 200 mL cartons

10185C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	5	..	*938.63	41.30	KetoCal 4:1 LQ [SB]

▪ HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Authorisation for an increased maximum quantity, up to double the stated 'Max qty packs' value, may be sought.

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency.

Treatment criteria:

- Patient must be undergoing treatment under the strict supervision of a dietitian, together with at least one of: (i) a metabolic physician, (ii) a neurologist.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (3:1 ratio medium chain fat to carbohydrate plus protein) oral liquid, 30 x 250 mL cartons

12464B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*928.30	41.30	KetoVie 3:1 [QH]

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (4:1 ratio medium chain fat to carbohydrate plus protein) oral liquid, 30 x 250 mL cartons

12456N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
6	5	..	*1359.40	41.30	KetoVie 4:1 [QH]

▪ HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Authorities for increased maximum quantities, up to a maximum of 48, may be authorised.

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency.

KetoCal 3:1 should only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (3:1 ratio long chain fat to carbohydrate plus protein) powder for oral liquid, 300 g

2652N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
24	5	..	*983.86	41.30	KetoCal 3:1 [SB]

▪ HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Authorities for increased maximum quantities, up to a maximum of 48, may be authorised.

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency.

KetoCal 4:1 should only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (4:1 ratio long chain fat to carbohydate plus protein) powder for oral liquid, 300 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9446E NP	24	5	..	*983.86	41.30	KetoCal 4:1 [SB]

▪ HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE

Note Authorisation for an increased maximum quantity, up to double the stated 'Max qty packs' value, may be sought.
Note No increase in the maximum number of repeats may be authorised.

Authority required

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency, **AND**
- Patient must have severe intestinal malabsorption of whole protein ketogenic diet formula, **AND**
- Patient must have unsuccessfully trialled at least one of the PBS-listed products with the indication of: 'Ketogenic diet'.

This product must only be used under strict supervision of a dietitian, together with a metabolic physician and/or neurologist.

high fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (4:1 ratio medium chain fat to carbohydrate plus protein) oral liquid, 30 x 250 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12789D NP	6	5	..	*1539.04	41.30	KetoVie Peptide 4:1 [QH]

▪ ISOLEUCINE WITH CARBOHYDRATE

Restricted benefit

Maple syrup urine disease

isoleucine with carbohydrate containing 50 mg isoleucine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9134R NP	4	5	..	*446.98	41.30	Isoleucine 50 [VF]

isoleucine with carbohydrate containing 1 g isoleucine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9436P NP	4	5	..	*490.98	41.30	Isoleucine 1000 [VF]

▪ MILK PROTEIN AND FAT FORMULA WITH VITAMINS AND MINERALS CARBOHYDRATE FREE

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency; OR
- Patient must be an infant or young child with glucose-galactose intolerance and multiple monosaccharide intolerance.

milk protein and fat formula with vitamins and minerals carbohydrate free powder for oral liquid, 225 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8630F NP	24	5	..	*533.62	41.30	Carbohydrate Free Mixture [SB]

▪ PHENYLALANINE WITH CARBOHYDRATE

Restricted benefit

Tyrosinaemia

phenylalanine with carbohydrate containing 50 mg phenylalanine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9384X NP	4	5	..	*446.98	41.30	Phenylalanine 50 [VF]

▪ PROTEIN FORMULA WITH AMINO ACIDS, CARBOHYDRATES, VITAMINS AND MINERALS WITHOUT PHENYLALANINE, AND SUPPLEMENTED WITH DOCOSAHEXAENOIC ACID

Restricted benefit

Phenylketonuria

protein formula with amino acids, carbohydrates, vitamins and minerals without phenylalanine, and supplemented with docosahexaenoic acid oral liquid, 30 x 130 mL pouches

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10658Y NP	5	5	..	*1825.33	41.30	PKU Easy [OH]

▪ PROTEIN FORMULA WITH VITAMINS AND MINERALS, AND LOW IN POTASSIUM, PHOSPHORUS, CALCIUM, CHLORIDE AND VITAMIN A

Authority required (STREAMLINED)

11070

Chronic renal failure

Population criteria:

- Patient must be a child aged 3 years or older.

Clinical criteria:

- Patient must require treatment with a low protein and a low phosphorus diet; OR
- Patient must require treatment with a low protein, low phosphorus and low potassium diet.

protein formula with vitamins and minerals, and low in potassium, phosphorus, calcium, chloride and vitamin A oral liquid, 24 x 125 mL bottles

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12191P NP	8	5	..	*1328.18	41.30	Renastep [VF]

▪ SOY PROTEIN AND FAT FORMULA WITH VITAMINS AND MINERALS CARBOHYDRATE FREE

Restricted benefit

Ketogenic diet

Clinical criteria:

- Patient must have intractable seizures requiring treatment with a ketogenic diet; OR
- Patient must have a glucose transport protein defect; OR
- Patient must have pyruvate dehydrogenase deficiency; OR
- Patient must be an infant or young child with glucose-galactose intolerance and multiple monosaccharide intolerance.

soy protein and fat formula with vitamins and minerals carbohydrate free oral liquid, 384 mL can

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8577K NP	120	5	..	*551.38	41.30	RCF [AB]

▪ TRIGLYCERIDES LONG CHAIN WITH GLUCOSE POLYMER

Restricted benefit

Proven inborn errors of protein metabolism

Clinical criteria:

- Patient must be unable to meet their energy requirements with permitted food and formulae.

triglycerides long chain with glucose polymer oral liquid, 27 x 200 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10189G NP	2	5	..	*158.40	41.30	Sno-Pro [SB]

triglycerides long chain with glucose polymer oral liquid, 18 x 250 mL cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9308X NP	6	5	..	*290.20	41.30	ProZero [VF]

triglycerides long chain with glucose polymer oral liquid, 6 x 1 L cartons

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9309Y NP	4	5	..	*258.06	41.30	ProZero [VF]

▪ TRIGLYCERIDES MEDIUM CHAIN AND LONG CHAIN WITH GLUCOSE POLYMER

Restricted benefit

Proven inborn errors of protein metabolism

Clinical criteria:

- Patient must be unable to meet their energy requirements with permitted food and formulae.

triglycerides medium chain and long chain with glucose polymer powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3136C NP	8	5	..	*238.34	41.30	Duocal [SB]

▪ TRIGLYCERIDES MEDIUM CHAIN FORMULA

Note No increase in the maximum quantity or number of units may be authorised.

Note No increase in the maximum number of repeats may be authorised.

Note Not indicated for the treatment of intractable childhood epilepsy or cerebrospinal fluid glucose transporter defect requiring a ketogenic diet.

Authority required (STREAMLINED)

6165

Chylous ascites

Authority required (STREAMLINED)

6192

Chylothorax

Authority required (STREAMLINED)

6173

Fat malabsorption

Clinical criteria:

- The condition must be due to liver disease; OR
- The condition must be due to short gut syndrome; OR
- The condition must be due to cystic fibrosis; OR
- The condition must be due to gastrointestinal disorders.

Authority required (STREAMLINED)

6156

Hyperlipoproteinaemia type 1

Authority required (STREAMLINED)

6136

Long chain fatty acid oxidation disorders

triglycerides medium chain formula powder for oral liquid, 30 x 16 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9383W NP	4	5	..	*202.58	41.30	MCT Pro-Cal [VF]

▪ TYROSINE WITH CARBOHYDRATE

Note This formulation is suitable for patients aged 3 and older.

Restricted benefit

Phenylketonuria

tyrosine with carbohydrate containing 1 g tyrosine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9165J NP	4	5	..	*446.98	41.30	Tyrosine 1000 [VF]

▪ VALINE WITH CARBOHYDRATE

Restricted benefit

Maple syrup urine disease

valine with carbohydrate containing 50 mg valine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9135T NP	4	5	..	*446.98	41.30	Valine 50 [VF]

valine with carbohydrate containing 1 g valine powder for oral liquid, 30 x 4 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9434M NP	4	5	..	*490.98	41.30	Valine 1000 [VF]

▪ VITAMINS, MINERALS AND TRACE ELEMENTS

Note Phlexy-Vits must only be used under strict supervision of a dietician and a paediatrician.

Restricted benefit

Dietary management of conditions requiring a highly restrictive therapeutic diet

Clinical criteria:

- Patient must have insufficient vitamin and mineral intake due to a specific diagnosis requiring a highly restrictive therapeutic diet, **AND**
- Patient must be unable to adequately meet vitamin, mineral and trace element needs with other proprietary vitamin and mineral preparations.

Population criteria:

- Patient must be aged 3 years or older.

vitamins, minerals and trace elements powder for oral liquid, 30 x 7 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11200L NP	1	5	..	280.89	41.30	Phlexy-Vits [SB]

▪ VITAMINS, MINERALS AND TRACE ELEMENTS WITH CARBOHYDRATE

Note FruitiVits must only be used under strict supervision of a dietitian and a paediatrician.

Restricted benefit

Dietary management of conditions requiring a highly restrictive therapeutic diet

Clinical criteria:

- Patient must have insufficient vitamin and mineral intake due to a specific diagnosis requiring a highly restrictive therapeutic diet, **AND**
- Patient must be unable to adequately meet vitamin, mineral and trace element needs with other proprietary vitamin and mineral preparations.

Population criteria:

- Patient must be aged 3 years or older.

vitamins, minerals and trace elements with carbohydrate powder for oral liquid, 30 x 6 g sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10149E NP	1	5	..	253.50	41.30	FruitiVits [VF]

▪ VITAMINS, MINERALS AND TRACE ELEMENTS WITH CARBOHYDRATE

Note Paediatric Seravit must only be used under strict supervision of a dietitian and a paediatrician.

Restricted benefit

Dietary management of conditions requiring a highly restrictive therapeutic diet

Clinical criteria:

- Patient must have insufficient vitamin and mineral intake due to a specific diagnosis requiring a highly restrictive therapeutic diet, **AND**
- Patient must be unable to adequately meet vitamin, mineral and trace element needs with other proprietary vitamin and mineral preparations.

Population criteria:

- Patient must be an infant or a child.

vitamins, minerals and trace elements with carbohydrate powder for oral liquid, 200 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
9328Y NP	6	5	..	*335.62	41.30	Paediatric Seravit [SB]

▪ WHEY PROTEIN FORMULA SUPPLEMENTED WITH AMINO ACIDS, LONG CHAIN POLYUNSATURATED FATTY ACIDS, VITAMINS AND MINERALS, LOW IN PROTEIN, PHOSPHATE, POTASSIUM AND LACTOSE

Authority required (STREAMLINED)

6190

Chronic renal failure

Population criteria:

- Patient must be an infant or a young child.

Clinical criteria:

- Patient must require treatment with a low protein and a low phosphorus diet; OR
- Patient must require treatment with a low protein, low phosphorus and low potassium diet.

whey protein formula supplemented with amino acids, long chain polyunsaturated fatty acids, vitamins and minerals, low in protein, phosphate, potassium and lactose powder for oral liquid, 6 x 400 g cans

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2870C NP	4	5	..	*1363.18	41.30	Renastart [VF]

▪ WHEY PROTEIN FORMULA SUPPLEMENTED WITH AMINO ACIDS, VITAMINS AND MINERALS, AND LOW IN PROTEIN, PHOSPHATE, POTASSIUM AND LACTOSE

Authority required (STREAMLINED)

6190

Chronic renal failure

Population criteria:

- Patient must be an infant or a young child.

Clinical criteria:

- Patient must require treatment with a low protein and a low phosphorus diet; OR
- Patient must require treatment with a low protein, low phosphorus and low potassium diet.

whey protein formula supplemented with amino acids, vitamins and minerals, and low in protein, phosphate, potassium and lactose powder for oral liquid, 400 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
8587Y NP	16	5	..	*873.06	41.30	Kindergen [SB]

Palliative Care

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Palliative

ALIMENTARY TRACT AND METABOLISM

STOMATOLOGICAL PREPARATIONS

STOMATOLOGICAL PREPARATIONS

Other agents for local oral treatment

BENZYDAMINE

Authority required (STREAMLINED)

6197

Painful mouth

Clinical criteria:

- Patient must be receiving palliative care.

benzydamine hydrochloride 0.15% mouthwash, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5385K NP	‡1	3	..	23.27	24.57	Difflam [IL]

DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

BELLADONNA AND DERIVATIVES, PLAIN

Belladonna alkaloids, semisynthetic, quaternary ammonium compounds

HYOSCINE BUTYLBROMIDE

Authority required (STREAMLINED)

6207

For use in patients receiving palliative care

hyoscine butylbromide 20 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5317W NP	6	3	..	*68.80	41.30	[a] Buscopan [VZ]	[a] HYOSCINE BUTYLBROMIDE MEDSURGE [DZ]
						[a] HYOSCINE BUTYLBROMIDE SXP [XN]	

PROPULSIVES

Propulsives

METOCLOPRAMIDE

Authority required (STREAMLINED)

6084

Nausea or gastric stasis

Clinical criteria:

- Patient must be receiving palliative care.

metoclopramide hydrochloride 10 mg/2 mL injection, 10 x 2 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10762K NP	4	2	..	*34.94	36.24	Maxolon [IL]

METOCLOPRAMIDE

Restricted benefit

For use in patients receiving palliative care

metoclopramide hydrochloride 10 mg tablet, 25

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12507G NP	4	5	..	*16.70	18.00	[a] APO-Metoclopramide [TX]	[a] EMEXLON [RW]
						[a] Pramin [AF]	
			[B]14.12	*30.82	18.00	[a] Maxolon [IL]	

DRUGS FOR CONSTIPATION

DRUGS FOR CONSTIPATION

Bulk-forming laxatives

RHAMNUS FRANGULA + STERCULIA

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

rhamnus frangula 80 mg/g + sterculia 620 mg/g granules, 500 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5322D NP	‡1	3	..	26.18	27.48	Normacol Plus [NE]

Osmotically acting laxatives

▪ MACROGOL-3350

Authority required (STREAMLINED)

6170

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

macrogol-3350 1 g/g powder for oral liquid, 510 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5426N NP	2	3	..	*27.22	28.52	OsmoLax [KY]

▪ MACROGOL-3350 + SODIUM CHLORIDE + BICARBONATE + POTASSIUM CHLORIDE

Authority required (STREAMLINED)

6171

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

macrogol-3350 13.125 g/25 mL + sodium chloride 350.7 mg/25 mL + sodium bicarbonate 178.5 mg/25 mL + potassium chloride 46.6 mg/25 mL oral liquid, 500 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10127B NP	2	3	..	*22.16	23.46	Movicol Liquid [NE]

macrogol-3350 13.125 g + sodium chloride 350.7 mg + sodium bicarbonate 178.5 mg + potassium chloride 46.6 mg powder for oral liquid, 30 sachets

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5389P NP	2	3	..	*27.22	28.52	[a] APOHEALTH Macrogol with Electrolytes [GX] [a] Chemists' Own Macrogol with Electrolytes [RW] [a] Molaxole [GO]	[a] APO-MACROGOL plus ELECTROLYTES [TX] [a] Macrovic [RF] [a] Movicol [NE]

Enemas

▪ CITRIC ACID + LAURYL SULFOACETATE SODIUM + SORBITOL

Restricted benefit

Constipation

Clinical criteria:

- Patient must be receiving palliative care.

sodium citrate dihydrate 450 mg/5 mL + lauryl sulfoacetate sodium 45 mg/5 mL + sorbitol 3.125 g/5 mL enema, 12 x 5 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5331N NP	2	3	..	*30.34	31.64	Micolette [AE]

Peripheral opioid receptor antagonists

▪ METHYLNALTREXONE

Authority required (STREAMLINED)

6180

Opioid-induced constipation

Clinical criteria:

- The treatment must be in combination with oral laxatives, **AND**
- Patient must be receiving palliative care, **AND**
- Patient must have failed to respond to laxatives.

methylnaltrexone bromide 12 mg/0.6 mL injection, 0.6 mL vial

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5423K NP	7	..	..	*243.61	41.30	Relistor [LM]

methylnaltrexone bromide 12 mg/0.6 mL injection, 7 x 0.6 mL vials

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5424L NP	1	..	..	243.61	41.30	Relistor [LM]

Palliative

MUSCULO-SKELETAL SYSTEM

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS

ANTIINFLAMMATORY AND ANTIRHEUMATIC PRODUCTS, NON-STEROIDS

Acetic acid derivatives and related substances

INDOMETACIN

Restricted benefit

Severe pain

Clinical criteria:

- Patient must be receiving palliative care.

indometacin 25 mg capsule, 50

5377B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*17.70	19.00	[a] Arthrexin [AF]
		[B]4.02	*21.72	19.00	[a] Indocid [AS]

Propionic acid derivatives

IBUPROFEN

Restricted benefit

Severe pain

Clinical criteria:

- Patient must be receiving palliative care.

ibuprofen 400 mg tablet, 30

5368M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	3	..	*16.99	18.29	[a] APO-Ibuprofen 400 [TX]
		[B]7.47	*24.46	18.29	[a] Brufen [GO]

NAPROXEN

Restricted benefit

Severe pain

Treatment criteria:

- Patient must be undergoing palliative care.

Clinical criteria:

- Patient must be unable to take a solid dose form of a non-steroidal anti-inflammatory agent.

naproxen 125 mg/5 mL oral liquid, 474 mL

5397C NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	122.77	41.30	Phebra Naproxen Suspension [FF]

NAPROXEN

Restricted benefit

Severe pain

Clinical criteria:

- Patient must be receiving palliative care.

naproxen 750 mg modified release tablet, 28

5347K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	17.07	18.37	[a] Proxen SR 750 [IY]
		[B]0.99	18.06	18.37	[a] Naprosyn SR750 [IX]

naproxen 250 mg tablet, 50

5345H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*21.58	22.88	Naprosyn [IX]

naproxen 1 g modified release tablet, 28

5348L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	18.64	19.94	[a] Proxen SR 1000 [IY]
		[B]1.12	19.76	19.94	[a] Naprosyn SR1000 [IX]

NAPROXEN

Note Naproxen sodium 550 mg is approximately equivalent to 500 mg of naproxen acid.

Restricted benefit

Severe pain

Clinical criteria:

- Patient must be receiving palliative care.

naproxen sodium 550 mg tablet, 50

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5353R NP	1	3	..	17.62	18.92	[a] Crysanal [IY]
			[B]1.87	19.49	18.92	[a] Anaprox 550 [IX]

NERVOUS SYSTEM

ANALGESICS

OPIOIDS

Natural opium alkaloids

HYDROMORPHONE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required (STREAMLINED)

11697

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

hydromorphone hydrochloride 1 mg/mL oral liquid, 473 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12565H NP	1	1	..	349.45	41.30	[a] Hikma [LM]	[a] Hydromorphone hydrochloride oral solution, USP (Medsurge) [DZ]

hydromorphone hydrochloride 2 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12497R NP	2	1	..	*30.08	31.38	Dilaudid [MF]

hydromorphone hydrochloride 4 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12484C NP	2	1	..	*34.62	35.92	Dilaudid [MF]

hydromorphone hydrochloride 2 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12493M NP	2	1	..	*38.56	39.86	[a] Dilaudid [MF]	[a] HYDROMORPHONE JUNO [JU]
						[a] MEDSURGE HYDROMORPHONE 2 mg/1 mL [DZ]	

hydromorphone hydrochloride 10 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12531M NP	2	1	..	*45.78	41.30	[a] Dilaudid-HP [MF]	[a] HYDROMORPHONE JUNO-HP [JU]
						[a] MEDSURGE HYDROMORPHONE HP 10 mg/1 mL [DZ]	

hydromorphone hydrochloride 1 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12485D NP	2	1	..	*79.48	41.30	Dilaudid [MF]

hydromorphone hydrochloride 8 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12515Q NP	2	1	..	*51.44	41.30	Dilaudid [MF]

▪ HYDROMORPHONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
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Reply Paid 9857
[Your capital city]

Authority required
Severe disabling pain
Clinical criteria:

- Patient must not be opioid naive, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

hydromorphone hydrochloride 4 mg modified release tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12496Q NP	2	..	..	*47.72	41.30	Jurnista [JC]

hydromorphone hydrochloride 16 mg modified release tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12473L NP	2	..	..	*80.58	41.30	Jurnista [JC]

hydromorphone hydrochloride 32 mg modified release tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12543E NP	2	..	..	*135.30	41.30	Jurnista [JC]

hydromorphone hydrochloride 64 mg modified release tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12535R NP	2	..	..	*229.38	41.30	Jurnista [JC]

hydromorphone hydrochloride 8 mg modified release tablet, 14

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12482Y NP	2	..	..	*55.44	41.30	Jurnista [JC]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Telephone approvals are limited to 1 month's therapy.

Authority required
Severe disabling pain
Clinical criteria:

- Patient must be receiving palliative care, **AND**
- The condition must be unresponsive to non-opioid analgesics.

morphine sulfate pentahydrate 10 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5393W NP	1	2	..	21.50	22.80	Sevredol [MF]

morphine sulfate pentahydrate 20 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5394X NP	1	2	..	22.27	23.57	Sevredol [MF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Phone applications for increased maximum quantities/repeats may be made by calling 1800 888 333.
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Authority required (STREAMLINED)

11697

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine hydrochloride trihydrate 50 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12470H NP	2	1	..	*49.16	41.30	Morphine Juno [JU]

morphine sulfate pentahydrate 15 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12548K NP	2	1	..	*32.34	33.64	[a] DBL Morphine Sulfate Pentahydrate [PF]	[a] MORPHINE SULFATE 15 mg/1 mL MEDSURGE [DZ]

morphine hydrochloride trihydrate 100 mg/5 mL injection, 5 x 5 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12537W NP	2	1	..	*70.66	41.30	Morphine Juno [JU]

morphine hydrochloride trihydrate 5 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12549L NP	2	1	..	*48.96	41.30	Ordine 5 [MF]

morphine sulfate pentahydrate 30 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12503C NP	2	1	..	*36.54	37.84	[a] DBL Morphine Sulfate Pentahydrate [PF]	[a] MORPHINE SULFATE 30 mg/1 mL MEDSURGE [DZ]

morphine hydrochloride trihydrate 20 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12494N NP	2	1	..	*36.26	37.56	Morphine Juno [JU]

morphine hydrochloride trihydrate 10 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12472K NP	2	1	..	*53.02	41.30	Ordine 10 [MF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Pharmaceutical benefits that have the forms morphine sulfate 10 mg/mL injection and morphine hydrochloride 10 mg/mL injection are equivalent for the purposes of substitution.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
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[Your capital city]

Authority required (STREAMLINED)

11697

Severe pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests extending treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine hydrochloride trihydrate 10 mg/mL injection, 5 x 1 mL ampoules

12502B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*29.54	30.84	[a] Morphine Juno [JU]

morphine sulfate pentahydrate 10 mg/mL injection, 5 x 1 mL ampoules

12499W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	1	..	*29.54	30.84	[a] DBL Morphine Sulfate Pentahydrate [PF]	[a] MORPHINE SULFATE 10 mg/1 mL MEDSURGE [DZ]

▪ MORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
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Reply Paid 9857
[Your capital city]

Authority required

Severe disabling pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

morphine sulfate pentahydrate 30 mg modified release capsule, 14

12490J (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*43.14	41.30	MS Mono [MF]

morphine sulfate pentahydrate 15 mg modified release tablet, 28

12476P (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*43.16	41.30	MS Contin [MF]

morphine sulfate pentahydrate 60 mg modified release tablet, 28

12544F (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*98.60	41.30	[a] Momex SR 60 [RW] [a] Morphine MR Mylan [AF]	[a] MORPHINE MR APOTEX [TX] [a] MS Contin [MF]

morphine sulfate pentahydrate 60 mg modified release granules, 28 sachets

12536T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	..	..	*127.86	41.30	MS Contin Suspension 60 mg [MF]

morphine sulfate pentahydrate 120 mg modified release capsule, 14

12512M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	..	..	*98.58	41.30	MS Mono [MF]

morphine sulfate pentahydrate 30 mg modified release tablet, 28

12500X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	..	..	*63.44	41.30	[a] Momex SR 30 [RW] [a] Morphine MR Mylan [AF]	[a] MORPHINE MR APOTEX [TX] [a] MS Contin [MF]

morphine sulfate pentahydrate 90 mg modified release capsule, 14

12514P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	..	..	*73.06	41.30	MS Mono [MF]

morphine sulfate pentahydrate 20 mg modified release granules, 28 sachets

12528J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	..	..	*109.92	41.30	MS Contin Suspension 20 mg [MF]

morphine sulfate pentahydrate 100 mg modified release granules, 28 sachets

12495P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	..	..	*159.36	41.30	MS Contin Suspension 100 mg [MF]

morphine sulfate pentahydrate 50 mg modified release capsule, 28

12489H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	..	..	*76.34	41.30	Kapanol [YN]

morphine sulfate pentahydrate 100 mg modified release capsule, 28

12529K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	..	..	*129.00	41.30	Kapanol [YN]

morphine sulfate pentahydrate 20 mg modified release capsule, 28

12539Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	..	..	*44.52	41.30	Kapanol [YN]

morphine sulfate pentahydrate 10 mg modified release capsule, 28

12501Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	..	..	*35.86	37.16	Kapanol [YN]

morphine sulfate pentahydrate 100 mg modified release tablet, 28

12483B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	..	..	*132.90	41.30	[a] Momex SR 100 [RW] [a] Morphine MR Mylan [AF]	[a] MORPHINE MR APOTEX [TX] [a] MS Contin [MF]

morphine sulfate pentahydrate 5 mg modified release tablet, 28

12492L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	..	..	*31.64	32.94	MS Contin [MF]

morphine sulfate pentahydrate 200 mg modified release granules, 28 sachets

12505E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	..	..	*307.08	41.30	MS Contin Suspension 200 mg [MF]

morphine sulfate pentahydrate 30 mg modified release granules, 28 sachets

12488G	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	..	..	*113.16	41.30	MS Contin Suspension 30 mg [MF]

morphine sulfate pentahydrate 10 mg modified release tablet, 28

12547J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	..	..	*35.88	37.18	[a] Momex SR 10 [RW] [a] Morphine MR Mylan [AF]	[a] MORPHINE MR APOTEX [TX] [a] MS Contin [MF]

morphine sulfate pentahydrate 60 mg modified release capsule, 14

12487F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	..	..	*63.40	41.30	MS Mono [MF]

morphine sulfate pentahydrate 200 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5391R NP	2	..	..	*227.10	41.30	MS Contin [MF]

▪ MORPHINE

Caution The risk of drug dependence is high.

Morphine sulfate pentahydrate 10 and 20 mg modified release capsules must not be co-prescribed with immediate release oral morphine, when it has been prescribed for the reduction of chronic breathlessness.

Note Treatment should be initiated by a specialist knowledgeable in the use of potent opioids for the management of chronic breathlessness.

Note Applications for an increased maximum quantity to provide for 1 month's supply of this drug will be authorised.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

Chronic Breathlessness

Clinical criteria:

- Patient must be receiving palliative care.

morphine sulfate pentahydrate 20 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11761B NP	1	..	..	30.71	32.01	Kapanol [YN]

morphine sulfate pentahydrate 10 mg modified release capsule, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11760Y NP	1	..	..	26.38	27.68	Kapanol [YN]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note OxyContin and Novacodone modified release tablets are intended to be crush-deterrent and to reduce the rapid release of oxycodone upon accidental or intentional misuse.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
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Authority required

Severe disabling pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone hydrochloride 20 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12510K NP	2	..	..	*55.86	41.30	[a] Novacodone [HX] [a] OxyContin [MF]	[a] Oxycodone Sandoz [SZ]

oxycodone hydrochloride 40 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12525F	2	..	..	*85.32	41.30	[a] Novacodone [HX]	[a] Oxycodone Sandoz [SZ]

[a] OxyContin [MF]

NP **xycodone hydrochloride 10 mg modified release tablet, 28**

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12518W	2	..	..	*38.90	40.20	[a] Novacodone [HX] [a] OxyContin [MF]	[a] Oxycodone Sandoz [SZ]

NP **oxycodone hydrochloride 80 mg modified release tablet, 28**

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12527H	2	..	..	*129.60	41.30	[a] Novacodone [HX] [a] OxyContin [MF]	[a] Oxycodone Sandoz [SZ]

▪ OXYCODONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note OxyContin modified release tablets are intended to be crush-deterrent and to reduce the rapid release of oxycodone upon accidental or intentional misuse.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
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Authority required
Severe disabling pain
Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone hydrochloride 15 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12545G	2	..	..	*55.38	41.30	OxyContin [MF]

NP

oxycodone hydrochloride 30 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12538X	2	..	..	*82.54	41.30	OxyContin [MF]

NP

▪ OXYCODONE + NALOXONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
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Authority required
Severe disabling pain
Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

oxycodone hydrochloride 40 mg + naloxone hydrochloride 20 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12475N NP	2	..	..	*134.38	41.30	Targin 40/20mg [MF]

oxycodone hydrochloride 20 mg + naloxone hydrochloride 10 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12486E NP	2	..	..	*83.34	41.30	Targin 20/10mg [MF]

oxycodone hydrochloride 2.5 mg + naloxone hydrochloride 1.25 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12471J NP	2	..	..	*36.62	37.92	Targin 2.5/1.25 mg [MF]

oxycodone hydrochloride 60 mg + naloxone hydrochloride 30 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12511L NP	2	..	..	*149.70	41.30	Targin 60/30 [MF]

oxycodone hydrochloride 15 mg + naloxone hydrochloride 7.5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12540B NP	2	..	..	*63.06	41.30	Targin 15/7.5mg [MF]

oxycodone hydrochloride 80 mg + naloxone hydrochloride 40 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12498T NP	2	..	..	*180.44	41.30	Targin 80/40 [MF]

oxycodone hydrochloride 10 mg + naloxone hydrochloride 5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12523D NP	2	..	..	*54.36	41.30	Targin 10/5mg [MF]

oxycodone hydrochloride 30 mg + naloxone hydrochloride 15 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12532N NP	2	..	..	*95.64	41.30	Targin 30/15 mg [MF]

oxycodone hydrochloride 5 mg + naloxone hydrochloride 2.5 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12522C NP	2	..	..	*52.10	41.30	Targin 5/2.5mg [MF]

Phenylpiperidine derivatives

▪ FENTANYL

Caution The risk of drug dependence is high.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Breakthrough pain

Treatment Phase: Initial treatment for dose titration

Clinical criteria:

- Patient must have cancer, **AND**
- Patient must have pain directly attributable to cancer, **AND**
- Patient must be assessed as receiving adequate management of their persistent pain with opioids, **AND**
- Patient must have previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain; OR
- The treatment must be used as short acting opioids are considered clinically inappropriate; OR
- Patient must have previously experienced adverse effects following the use of short acting opioids for breakthrough pain.

Treatment criteria:

- Patient must be undergoing palliative care.

fentanyl 800 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10612M NP	1	..	..	90.01	41.30	Abstral [FK]

fentanyl 200 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10600X NP	2	..	..	*165.44	41.30	Abstral [FK]

fentanyl 100 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10601Y NP	2	..	..	*165.44	41.30	Abstral [FK]

fentanyl 1200 microgram lozenge, 9

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5405L NP	1	..	..	99.15	41.30	Actiq [TB]

fentanyl 800 microgram lozenge, 9

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5404K NP	1	..	..	99.15	41.30	Actiq [TB]

fentanyl 600 microgram lozenge, 9

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5403J NP	1	..	..	99.15	41.30	Actiq [TB]

fentanyl 400 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10603C NP	1	..	..	90.01	41.30	Abstral [FK]

fentanyl 200 microgram lozenge, 9

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5401G NP	1	..	..	99.15	41.30	Actiq [TB]

fentanyl 1600 microgram lozenge, 9

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5406M NP	1	..	..	99.15	41.30	Actiq [TB]

fentanyl 400 microgram lozenge, 9

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5402H NP	1	..	..	99.15	41.30	Actiq [TB]

fentanyl 300 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10606F NP	1	..	..	90.01	41.30	Abstral [FK]

fentanyl 600 microgram sublingual tablet, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10604D NP	1	..	..	90.01	41.30	Abstral [FK]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note No increase in the maximum number of repeats may be authorised.

Authority required

Breakthrough pain

Treatment Phase: Initial treatment for dose titration

Clinical criteria:

- Patient must have cancer, **AND**
- Patient must have pain directly attributable to cancer, **AND**
- Patient must be assessed as receiving adequate management of their persistent pain with opioids, **AND**
- Patient must have previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain; OR
- The treatment must be used as short acting opioids are considered clinically inappropriate; OR
- Patient must have previously experienced adverse effects following the use of short acting opioids for breakthrough pain.

Treatment criteria:

- Patient must be undergoing palliative care.

fentanyl 200 microgram orally disintegrating tablet, 4

10697B NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*75.40	41.30	Fentora [TB]

fentanyl 800 microgram orally disintegrating tablet, 4

10723J NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*75.40	41.30	Fentora [TB]

fentanyl 600 microgram orally disintegrating tablet, 4

10722H NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*75.40	41.30	Fentora [TB]

fentanyl 100 microgram orally disintegrating tablet, 4

10729Q NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*75.40	41.30	Fentora [TB]

fentanyl 400 microgram orally disintegrating tablet, 4

10739F NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*75.40	41.30	Fentora [TB]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note For first continuing supply, applications for increased repeats for up to 3 months' supply may be authorised.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Note Telephone approvals are limited to 1 months' therapy.

Authority required

Breakthrough pain

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have cancer, **AND**
- Patient must have pain directly attributable to cancer, **AND**
- Patient must be assessed as receiving adequate management of their persistent pain with opioids, **AND**
- Patient must have previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain; OR
- The treatment must be used as short acting opioids are considered clinically inappropriate; OR
- Patient must have previously experienced adverse effects following the use of short acting opioids for breakthrough pain.

Treatment criteria:

- Patient must be undergoing palliative care.

fentanyl 1200 microgram lozenge, 30

5411T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*587.68	41.30	Actiq [TB]

fentanyl 400 microgram lozenge, 30

5408P NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*587.68	41.30	Actiq [TB]

fentanyl 800 microgram sublingual tablet, 30

10611L NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*472.52	41.30	Abstral [FK]

fentanyl 300 microgram sublingual tablet, 30

10610K NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*472.52	41.30	Abstral [FK]

fentanyl 600 microgram sublingual tablet, 30

10613N NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*472.52	41.30	Abstral [FK]

fentanyl 1600 microgram lozenge, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5412W NP	2	..	..	*587.68	41.30	Actiq [TB]

fentanyl 100 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10602B NP	2	..	..	*472.52	41.30	Abstral [FK]

fentanyl 600 microgram lozenge, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5409Q NP	2	..	..	*587.68	41.30	Actiq [TB]

fentanyl 200 microgram lozenge, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5407N NP	2	..	..	*587.68	41.30	Actiq [TB]

fentanyl 800 microgram lozenge, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5410R NP	2	..	..	*587.68	41.30	Actiq [TB]

fentanyl 200 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10607G NP	2	..	..	*472.52	41.30	Abstral [FK]

fentanyl 400 microgram sublingual tablet, 30

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10608H NP	2	..	..	*472.52	41.30	Abstral [FK]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note For first continuing supply, applications for increased repeats for up to 3 months' supply may be authorised.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Note Telephone approvals are limited to 1 months' therapy.

Authority required

Breakthrough pain

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must have cancer, **AND**
- Patient must have pain directly attributable to cancer, **AND**
- Patient must be assessed as receiving adequate management of their persistent pain with opioids, **AND**
- Patient must have previously experienced inadequate pain relief following adequate doses of short acting opioids for the treatment of breakthrough pain; OR
- The treatment must be used as short acting opioids are considered clinically inappropriate; OR
- Patient must have previously experienced adverse effects following the use of short acting opioids for breakthrough pain.

Treatment criteria:

- Patient must be undergoing palliative care.

fentanyl 100 microgram orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10684H NP	2	..	..	*441.82	41.30	Fentora [TB]

fentanyl 200 microgram orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10698C NP	2	..	..	*441.82	41.30	Fentora [TB]

fentanyl 400 microgram orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10737D NP	2	..	..	*441.82	41.30	Fentora [TB]

fentanyl 600 microgram orally disintegrating tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10713W NP	2	..	..	*441.82	41.30	Fentora [TB]

fentanyl 800 microgram orally disintegrating tablet, 28

10738E NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*441.82	41.30	Fentora [TB]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Pharmaceutical benefits that have the form fentanyl 75 microgram/hour patch are equivalent for the purposes of substitution.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required

Severe disabling pain

Clinical criteria:

- Patient must not be opioid naive, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

fentanyl 75 microgram/hour patch, 5

12474M NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*71.12	41.30	[a] APO-Fentanyl [TX] [a] Fentanyl Sandoz [SZ]	[a] Durogesic 75 [JC]

fentanyl 75 microgram/hour patch, 5

12517T NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*71.12	41.30	[a] Fenpatch 75 [ZP]

fentanyl 75 microgram/hour patch, 5

12526G NP

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*71.12	41.30	[a] Denpax [AF]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Pharmaceutical benefits that have the form fentanyl 50 microgram/hour patch are equivalent for the purposes of substitution.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required

Severe disabling pain

Clinical criteria:

- Patient must not be opioid naive, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

fentanyl 50 microgram/hour patch, 5

12477Q (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*56.46	41.30	[a] APO-Fentanyl [TX] [a] Fentanyl Sandoz [SZ]	[a] Durogesic 50 [JC]

fentanyl 50 microgram/hour patch, 5

12513N (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*56.46	41.30	[a] Fenpatch 50 [ZP]

fentanyl 50 microgram/hour patch, 5

12546H (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*56.46	41.30	[a] Denpax [AF]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Pharmaceutical benefits that have the form fentanyl 100 microgram/hour patch are equivalent for the purposes of substitution.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).

Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:

Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required

Severe disabling pain

Clinical criteria:

- Patient must not be opioid naive, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

fentanyl 100 microgram/hour patch, 5

12480W (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*84.16	41.30	[a] Fenpatch 100 [ZP]

fentanyl 100 microgram/hour patch, 5

12509J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*84.16	41.30	[a] APO-Fentanyl [TX]	[a] Durogesic 100 [JC]

						[a] Fentanyl Sandoz [SZ]

NP **ntanyl 100 microgram/hour patch, 5**

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12533P	2	..	..	*84.16	41.30	[a] Denpax [AF]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Pharmaceutical benefits that have the form fentanyl 12 microgram/hour patch are equivalent for the purposes of substitution.

Note **Shared Care Model**:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required

Severe disabling pain

Clinical criteria:

- Patient must not be opioid naive, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

fentanyl 12 microgram/hour patch, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12491K **NP**	2	..	..	*33.82	35.12	[a] Denpax [AF]

fentanyl 12 microgram/hour patch, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12530L **NP**	2	..	..	*33.82	35.12	[a] Fenpatch 12 [ZP]

fentanyl 12 microgram/hour patch, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
12541C **NP**	2	..	..	*33.82	35.12	[a] APO-Fentanyl [TX] [a] Fentanyl Sandoz [SZ]	[a] Durogesic 12 [JC]

▪ FENTANYL

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Fentanyl transdermal patches are not recommended in opioid naive patients with non-cancer pain because of a high incidence of adverse events in these patients. Patients with cancer pain may be initiated on the lowest strength patch (12 micrograms per hour).

Note Pharmaceutical benefits that have the form fentanyl 25 microgram/hour patch are equivalent for the purposes of substitution.

Note **Shared Care Model**:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme

Reply Paid 9857
[Your capital city]

Authority required

Severe disabling pain

Clinical criteria:

- Patient must not be opioid naive, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

fentanyl 25 microgram/hour patch, 5

12504D (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	..	..	*38.42	39.72	[a] APO-Fentanyl [TX] [a] Fentanyl Sandoz [SZ]	[a] Durogesic 25 [JC]

fentanyl 25 microgram/hour patch, 5

12516R (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*38.42	39.72	[a] Denpax [AF]

fentanyl 25 microgram/hour patch, 5

12521B (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*38.42	39.72	[a] Fenpatch 25 [ZP]

Diphenylpropylamine derivatives

▪ METHADONE

Caution The risk of drug dependence is high.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Note Telephone approvals are limited to 1 month's therapy.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Chronic severe disabling pain

Treatment Phase: Initial treatment, for up to 3 months

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- The condition must be unresponsive to non-opioid analgesics.

methadone hydrochloride 5 mg/mL oral liquid, 200 mL

5399E (NP)

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	25.40	26.70	Aspen Methadone Syrup [AS]

▪ METHADONE

Caution The risk of drug dependence is high.

Note Where consultation with a palliative care specialist or service has occurred, applications for increased repeats for up to 3 months' supply may be authorised.

Note Telephone approvals are limited to 1 month's therapy.

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Authority required

Chronic severe disabling pain

Treatment Phase: Continuing treatment

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- The condition must be unresponsive to non-opioid analgesics.

methadone hydrochloride 5 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5400F NP	1	..	..	25.40	26.70	Aspen Methadone Syrup [AS]

▪ METHADONE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note This treatment is not recommended for use in ambulant patients.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required

Severe disabling pain

Clinical criteria:

- Patient must not be opioid naive, **AND**
- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid and other opioid analgesics; OR
- Patient must be unable to use non-opioid and other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

methadone hydrochloride 10 mg/mL injection, 5 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12481X NP	24	..	..	*904.92	41.30	Physeptone [AS]

methadone hydrochloride 10 mg tablet, 20

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12520Y NP	6	..	..	*48.72	41.30	Physeptone [AS]

Oripavine derivatives

▪ BUPRENORPHINE

Caution The risk of drug dependence is high.

Note This treatment is not suitable for 'as-required' pain relief.

Note Shared Care Model:
For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Note Real time online applications for increased maximum quantities/repeats may be made using the Online PBS Authorities system (see www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos/services/request-authority-using-online-pbs-authorities-hpos).
Written authority applications for increased maximum quantities/repeats can be uploaded online through HPOS form upload or mailed to:
Pharmaceutical Benefits Scheme
Reply Paid 9857
[Your capital city]

Authority required

Severe disabling pain

Clinical criteria:

- Patient must have had or would have inadequate pain management with maximum tolerated doses of non-opioid or other opioid analgesics; OR
- Patient must be unable to use non-opioid or other opioid analgesics due to contraindications or intolerance.

Treatment criteria:

- Patient must be undergoing palliative care.

Authority requests for treatment duration up to 1 month may be requested through the Online PBS Authorities system or by calling Services Australia.

Authority requests extending treatment duration beyond 1 month may be requested through the Online PBS Authorities system or in writing and must not provide a treatment duration exceeding 3 months (quantity sufficient for up to 1 month treatment and sufficient repeats).

buprenorphine 5 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10957Q NP	2	..	..	*41.28	41.30	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 30 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10949G NP	2	..	..	*107.24	41.30	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 20 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10970J NP	2	..	..	*84.66	41.30	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 15 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10953L NP	2	..	..	*72.72	41.30	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 25 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10964C NP	2	..	..	*95.94	41.30	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 10 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10948F NP	2	..	..	*60.82	41.30	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

buprenorphine 40 microgram/hour patch, 2

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10959T NP	2	..	..	*130.46	41.30	[a] Bupredermal [TX] [a] Norspan [MF]	[a] Buprenorphine Sandoz [SZ]

OTHER ANALGESICS AND ANTIPYRETICS

Anilides

▪ PARACETAMOL

Restricted benefit

Analgesia or fever

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- Patient must be intolerant to alternative therapy.

paracetamol 500 mg suppository, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12210P NP	10	3	..	*97.08	41.30	Panadol [GJ]

▪ PARACETAMOL

Note Pharmaceutical benefits that have the form paracetamol 665 mg tablet: modified release, 96 and pharmaceutical benefits that have the form paracetamol 665 mg tablet: modified release, 192 are equivalent for the purposes of substitution.

Restricted benefit

Analgesia or fever

Clinical criteria:

- Patient must be receiving palliative care, **AND**
- Patient must be intolerant to alternative therapy.

paracetamol 665 mg modified release tablet, 96

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
5343F NP	2	3	..	*19.54	20.84	[a] APOHEALTH Osteo Relief Paracetamol 665 mg [TX] [a] Osteomol 665 Paracetamol [CR]	[a] CHEMISTS' OWN OSTEO RELIEF PARACETAMOL [RF]

paracetamol 665 mg modified release tablet, 192

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10796F NP	1	3	..	19.54	20.84	[a] Osteomol 665 Paracetamol [CR]

ANTIEPILEPTICS

ANTIEPILEPTICS

Benzodiazepine derivatives

CLONAZEPAM

Restricted benefit

For use in patients receiving palliative care

clonazepam 1 mg/mL injection [5 x 1 mL ampoules] (&) inert substance diluent [5 x 1 mL ampoules], 1 pack

12534Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	22.65	23.95	Rivotril [PB]

NP

CLONAZEPAM

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

For use in patients receiving palliative care

clonazepam 2.5 mg/mL (0.1 mg/drop) oral liquid, 10 mL

5339B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*19.58	20.88	Rivotril [PB]

NP

clonazepam 2 mg tablet, 100

5338Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	22.79	24.09	Paxam 2 [AF]

NP

CLONAZEPAM

Note Pharmaceutical benefits that have form pack size clonazepam 500 microgram tablet, 100 and clonazepam 500 microgram tablet, 50 are equivalent for the purposes of substitution.

Note No increase in the maximum number of repeats may be authorised.

Restricted benefit

For use in patients receiving palliative care

clonazepam 500 microgram tablet, 50

11520H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	[B]1.84	*19.62	19.08	[a] Rivotril [PB]

NP

clonazepam 500 microgram tablet, 100

5337X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	3	..	17.78	19.08	[a] Paxam 0.5 [AF]

NP

PSYCHOLEPTICS

ANTIPSYCHOTICS

Butyrophenone derivatives

HALOPERIDOL

Note Shared Care Model:

For prescribing by nurse practitioners where care of a patient is shared between a nurse practitioner and medical practitioner in a formalised arrangement with an agreed management plan. Further information can be found in the Explanatory Notes for Nurse Practitioners.

Restricted benefit

For use in patients receiving palliative care

haloperidol 5 mg/mL injection, 10 x 1 mL ampoules

12519X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	23.28	24.58	Serenace [AS]

NP

ANXIOLYTICS

Benzodiazepine derivatives

DIAZEPAM

Note No increase in the maximum number of repeats may be authorised.

Authority required

Anxiety

Clinical criteria:

- Patient must be receiving palliative care.

diazepam 5 mg tablet, 50

5356X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	..	13.78	15.08	[a] Antenex 5 [AF] [a] APX-Diazepam [TY] [a] Valpam 5 [RW]	[a] APO-Diazepam [TX] [a] NOUMED DIAZEPAM [VO]
			[B]3.07	16.85	15.08	[a] Valium [IX]	

diazepam 2 mg tablet, 50

5355W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	1	3	..	13.72	15.02	[a] APO-Diazepam [TX] [a] Valpam 2 [RW]	[a] APX-Diazepam [TY]
			[B]2.78	16.50	15.02	[a] Antenex 2 [AF]	

▪ OXAZEPAM

Note No increase in the maximum number of repeats may be authorised.

Authority required

Anxiety

Clinical criteria:

- Patient must be receiving palliative care.

oxazepam 15 mg tablet, 25

5371Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	3	..	*15.14	16.44	Serepax [AS]

oxazepam 30 mg tablet, 25

5372R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
NP	2	3	..	*14.50	15.80	[a] APO-Oxazepam [TX]
			[B]1.60	*16.10	15.80	[a] Murelax [RW]
			[B]4.40	*18.90	15.80	[a] Serepax [AS]

HYPNOTICS AND SEDATIVES

Benzodiazepine derivatives

▪ NITRAZEPAM

Note No increase in the maximum number of repeats may be authorised.

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving palliative care.

nitrazepam 5 mg tablet, 25

5359C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	3	..	*16.50	17.80	[a] Alodorm [AF]	[a] Mogadon [IL]

▪ TEMAZEPAM

Note No increase in the maximum number of repeats may be authorised.

Authority required

Insomnia

Clinical criteria:

- Patient must be receiving palliative care.

temazepam 10 mg tablet, 25

5375X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
NP	2	3	..	*14.50	15.80	[a] APO-Temazepam [TX] [a] Temtabs [LN]	[a] Temaze [AF]
			[B]6.70	*21.20	15.80	[a] Normison [AS]	

Repatriation Pharmaceutical Benefits Scheme

BENEFICIARIES' ENTITLEMENT CARDS AND ELIGIBILITY FOR REPATRIATION PHARMACEUTICAL BENEFITS

Gold card
This card is issued to those veterans of Australia's defence force, their widows/widowers and dependants entitled to treatment for all medical conditions.



White card
A White Card is issued to Australian veterans or mariners under the Veterans' Entitlements Act 1986 with:

- an accepted war or service-caused injury or disease;
- malignant cancer (neoplasia) whether war-caused or not;
- pulmonary tuberculosis whether war-caused or not;
- post-traumatic stress disorder whether war-caused or not; or
- anxiety and/or depression whether war-caused or not.



Orange card
Orange Repatriation pharmaceutical benefits cards are issued to Commonwealth and allied veterans and mariners who:

- have qualifying service from World War I or II and
- are aged 70 or over and
- have been resident in Australia for 10 years or more.



For more information go to the Department of Veterans' Affairs website:
http://www.dva.gov.au

RPBS Explanatory Notes
Introduction

The Australian Repatriation System

- The Australian Repatriation system is based primarily on the principle of compensation to veterans and eligible dependants for injury or death related to war service. In certain cases, treatment is also provided for accepted injuries or conditions that are not service-related or have occurred as a result of other than war service.
- Through the *Veterans' Entitlements Act 1986* the Department of Veterans' Affairs provides programs of compensation, income support and treatment for eligible veterans and their dependants. One of the defined benefits for eligible veterans is the Repatriation Pharmaceutical Benefits Scheme. This range of medications and dressings is more comprehensive than is available through the Pharmaceutical Benefits Scheme.

RPBS prescribing provisions

- Unless otherwise stated, Repatriation Pharmaceutical Benefits Scheme (RPBS) prescriptions must conform with the requirements of Pharmaceutical Benefits Scheme (PBS) prescriptions, as detailed in Section 1 – Explanatory Notes in the *Schedule of Pharmaceutical Benefits* book. The prescriber shall ensure that a prescription contains the following details:
  - the category of benefit, i.e., RPBS, by placing a cross in the relevant box;
  - the patient's full name and address;
  - the prescription date;
  - the DVA file number of the patient as evidence of entitlement;
  - in the case of authority prescriptions, the Authority approval number or the four digit streamlined authority code;
  - the item, form, strength, quantity and directions;
  - the number of repeats, if applicable;
  - indicate when brand substitution is not permitted; and
  - the name, signature, the prescriber number and address of the prescriber.

Prior Approval Arrangements

- The prior approval of the Department is required to prescribe the following:
  - 'Authority required' items (excluding 'Authority required (STREAMLINED)' items) listed in either the PBS or RPBS Schedule;
  - increased quantities and/or repeats of items listed in either the PBS or RPBS Schedule;
  - items listed under section 100 of the *National Health Act 1953*; and
  - other items not listed in either Schedule (non-Schedule items).
- The above items are to be prescribed on the common PBS/RPBS authority prescription form in accordance with the directions stated in the Explanatory Notes in the *Schedule of Pharmaceutical Benefits* (See also information regarding dental prescribing and prescribing by optometrists under the RPBS in these Notes.)
- All Authority required prescriptions and requests for non-Schedule items must receive prior approval from the Department. This can be achieved by either:
  - using the Department's national free call number 1800 552 580; or
  - by mailing the written authority prescription to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) at the reply paid address shown at the end of these RPBS Explanatory Notes.

Prior approval is not required from DVA to prescribe an Authority required (STREAMLINED) item (except where increased quantities and/or repeats are required). Instead the authority prescription form must include a four digit streamlined authority code.

- Some requests for prior approval (including some non-Schedule items) need to be referred by VAPAC to the Repatriation Pharmaceutical Reference Committee for consideration. In such cases a VAPAC pharmacist will advise the prescriber to submit a request in writing that provides the following information:
  - A current clinical report on the patient's condition (such as age, co-morbidities, renal, liver failure) and clinical reports including pathology, biochemistry, diagnostic and other investigations if appropriate.
  - Details of past and current therapy for the condition. Include details of PBS, RPBS and non-Schedule items utilised, and the results of those therapies.
  - Details of the proposed treatment regimen. Include intended dose and duration of treatment and objective measures of response.
  - When the proposed use of the item is outside the TGA-approved indications for use in Australia, provide copies of articles from peer reviewed publications supporting the proposed treatment.
  - Signed, informed patient consent where the item is to be used for a non-TGA-approved indication.
  - For items without Australian marketing approval, a copy of the TGA Special Access Scheme approval to prescribe the drug.
- Requests for prior approval to prescribe a non-Schedule (PBS or RPBS) item that is of the same therapeutic class (ATC level 3) as an item that is listed on the Schedule, will not be approved unless unequivocal clinical evidence is presented to demonstrate that the requested item is essential for effective treatment of the nominated patient.
- A pharmacist should not supply an item prescribed on an RPBS Authority Prescription Form unless the form has been approved and stamped by VAPAC, or has been endorsed by the prescriber with a telephone Authority approval number provided by VAPAC. Medicare Australia will not accept RPBS Authority prescriptions that have not been approved by the Department of Veterans' Affairs for payment.

Palliative Care Drugs

- The following medications may be available, or made available in increased quantities or doses under prior approval arrangements for use only in the palliative care of terminal disease:
  - clonazepam
  - cyclizine

- dexamethasone
- disodium pamidronate
- fentanyl
- glycopyrrolate
- hyoscine butylbromide
- hyoscine hydrobromide
- ketamine
- midazolam
- octreotide

- For further information telephone VAPAC on 1800 552 580.

Dental Prescribing

- Under Department of Veterans' Affairs arrangements, financial responsibility for pharmaceutical benefits prescribed by a Local Dental Officer (LDO) is limited to treatment to which holders of the following cards are entitled: Where possible the LDO shall prescribe in accordance with the provisions governing dental prescribing under the Pharmaceutical Benefits Scheme (PBS).
  - a Gold Repatriation Health Card – For All Conditions; or
  - a White Repatriation Health Card – For Specific Conditions; or
  - an Orange Repatriation Pharmaceutical Benefits Card.
- Prescriptions for PBS Dental Schedule items for Gold, White and Orange Card holders are to be dispensed at the PBS concessional rate. Claims for payment by the dispensing pharmacist are to be included with other Repatriation prescriptions. The card holder is required to meet the cost of any applicable brand premium.
- When a non-PBS Dental Schedule item is prescribed for an eligible card holder, the LDO's private prescription form should be used. The dispensing pharmacist may charge the patient the full cost of the prescription. The patient may claim a refund for the full cost of a non-Schedule item from the Department if an itemised receipt (not a cash register receipt) and a copy of the prescription are provided.

Prescribing by optometrists

- Optometrists approved as 'PBS prescribers' may write RPBS prescriptions as outlined in Section 1 for medicines listed in Section 2 of the PBS Schedule as pharmaceutical benefits for optometrical use.
- Medicines in the optometrist list include non-Authority and Authority required items. Procedures for obtaining VAPAC approval to prescribe 'Authority required' optometrist items or increased quantities and/or repeats of optometrist items under the RPBS are the same as indicated under prior approval arrangements above.
- The list of medicines for prescribing by optometrists under the RPBS is the same as applies under the PBS. There are no optometrist listings in the RPBS Schedule for prescribing for veterans only. There is no provision for optometrist prescribers to request approval to prescribe items that are not included in the PBS optometrist list (non-Schedule items).
- Optometrist PBS/RPBS prescription forms are for use for prescribing non-Authority or Authority required optometrist items under the RPBS with one item per form only.

Provisions governing pricing and payment for RPBS benefits

Introduction

- Unless otherwise stated, the pricing and payment principles and arrangements for approved pharmacists supplying pharmaceutical benefits under the RPBS will be the same as those arrangements applying under the PBS.
- Where a pharmaceutical benefit that is not listed on the PBS or RPBS Schedule is dispensed on an RPBS Authority prescription, a pharmacist will price the benefit and enter the serial number, prescription identifying number and price on the sticker or stamp imprint affixed to the prescription.

Pricing of Schedule Items

- Items supplied under the RPBS from the PBS Schedule, both ready-prepared and extemporaneously-prepared, will be paid on the same basis as benefits supplied under the PBS. Items supplied under the RPBS from the Repatriation Schedule, including wound dressings, will be paid on the basis of the price as given in the Repatriation Pharmaceutical Benefits section (Section 1 – RPBS Schedule, Drugs, Medicines and Dressings) of the *Schedule of Pharmaceutical Benefits*.

Pricing of Non-Schedule Ready Prepared Items

- Non-Schedule ready-prepared items are to be priced on the basis of the invoiced, GST-exclusive wholesale price to pharmacists plus the appropriate PBS mark-up and the PBS dispensing fee. Where the item price to pharmacists is greater than $100.00, a copy of the invoice pertaining to the supply of that item is to be submitted together with the appropriate copy of the authority prescription as part of the claim for payment.

Pricing of Non-Schedule Extemporaneously Prepared Items

- When an ingredient drug is not listed in the PBS Drug Tariff, the recovery price will be based on the invoiced wholesale price to pharmacists, increased by a mark-up of 100%, calculated in accordance with the directions contained in the pricing instructions for pricing of PBS extemporaneously-prepared benefits in this Schedule. The price paid by the pharmacist for the commercial pack from which the ingredient is used shall be endorsed on the prescription form.

Miscellaneous Pricing Rules

- The price to pharmacists used as the basis of pricing will be the invoiced, GST-exclusive price from the wholesaler.
- If multiple quantities of a manufacturer's original pack are supplied, the PBS mark-up is applied to the price to pharmacist of each pack and then totalled. The PBS dispensing fee, and the PBS dangerous drug fee if applicable, are then added to the total of the marked-up prices.

- When the quantity prescribed corresponds with the quantity of a manufacturer's original pack, in no circumstances will the price payable for one pack exceed that payable for multiples or combinations of packs to supply the quantity prescribed.
- The list of ingredient drugs and prices included in the PBS Drug Tariff are common to both the PBS and RPBS. Certain restrictions apply regarding the prescribing and dispensing of some of these ingredient drugs as pharmaceutical benefits, e.g., use as additive only.
- For items prescribed generically, including non-Schedule and wound dressings, the pharmacist should indicate on the prescription the quantity and brand supplied. If prescriptions are not endorsed, the Department will pay the lowest priced acceptable product available.

General

Packaging Material, Postage or Freight

- Payment to a pharmacist for the costs of packaging materials, postage or freight required to supply a pharmaceutical benefit is to be paid by the patient, who may then claim reimbursement from the Department through the provision of a pharmacists itemised receipt.

Payment for Items Supplied at Short Intervals

- For all items dispensed at specific short intervals of time, the Department will pay a separate PBS dispensing fee for each occasion that the drug is supplied and which is acknowledged on receipt by the patient or agent.
- The price payable on the items supplied will be based on the individual dose quantity supplied. Where applicable, a PBS dangerous drug fee and a minimum container charge will be payable for each supply.

Receipts for Patient Charges

- Where a charge is paid by a patient in any of the circumstances of paragraphs 13 or 24, the pharmacist is required to provide a printed receipt to the patient with the details of the items or services provided, the amount paid, date of supply and the patients name and address. The patient may apply for reimbursement from the Department.

Special Patient Contributions

- The Special Patient Contribution for items listed as Special Pharmaceutical Benefits in the PBS Schedule is not payable by veterans entitled to pharmaceutical benefits under the RPBS. Eligible veterans receiving Special Pharmaceutical Benefits under the RPBS are required to pay only the concessional patient contribution and any applicable brand premium. If a Safety Net Entitlement card is held, the veteran should receive a Special Pharmaceutical Benefit free of charge, subject to any brand premium applicable. Medicare Australia will reimburse the dispensing pharmacist the total dispensed price, less the concessional patient contribution and/or brand premium if applicable.

Therapeutic Group Premiums — Authority Processing

- Items attracting a therapeutic group premium are dual listed. Dispensing pharmacists are therefore required to select the appropriate code for those items that are dual listed as authority and non-authority items, in order to correctly charge the patient and claim from Medicare Australia. Those authority prescriptions that grant exemption from a therapeutic group premium will have the letters 'TPX' at the beginning of the telephone Authority approval number, or, in the case of a written approval, will be stamped with the words "This prescription does not attract a therapeutic group premium".

Contact the Department of Veterans' Affairs

Authority Prescription Applications

Applications for authority to prescribe under the Repatriation Pharmaceutical Benefits Scheme (RPBS) should be sent to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) using the free postal service:

REPLY PAID 9998
VAPAC (Veterans' Affairs Pharmaceutical Advisory Centre)
Department of Veterens' Affairs
GPO Box 9998
BRISBANE QLD 4001

For RPBS enquiries and telephone approvals 24 hours a day the Freecall number is: 1800 552 580
Departmental pharmacists answer applications for prior approval for non-Schedule items and Authority application calls.

WOUND ASSESSMENT AND DRESSING IDENTIFICATION

It is essential to define the aetiology of the wound before selecting a dressing. Recommendations are based on wound type, colour of wound base, depth of wound, and amount of exudate.
This wound chart adheres to the MOIST WOUND concept of healing and wound dressings are described below as ABSORBING or MOISTURE DONATING.
Most wound healing products are designed to remain in situ for several days, with the exception of those for infected wounds which should be changed daily. The quantities and repeats listed in the Repatriation Schedule are considered to be adequate to manage the treatment of a wound for two weeks to one month, when an assessment of the wound's healing process should be undertaken.

DRESSINGS

Pink Epithelialising Wound

Aim: To protect and promote epithelialisation. Epithelialising wounds normally are superficial and only produce a light exudate.

(A) Covering	• Film; • Film Island	• Gauze—Paraffin; • Non-adherent
(B) Absorbing	• Foam (Light Exudate); • Hydroactive (Superficial Wound—Light Exudate)	• Hydrocolloid (Superficial Wound—Light Exudate)

Red Granulating Wound

Aims: (1) to protect the granulating tissue; (2) to encourage epithelialisation; (3) to absorb excess exudate.

LIGHT EXUDATE:	Superficial	Cavity
(A) Absorbing	• Foam (Light Exudate); • Hydroactive (Superficial Wound—Light Exudate); • Hydrocolloid (Superficial Wound—Light Exudate)	• Hydrocolloid (Cavity Wound)
(B) Moisture donating	• Hydrogel—Amorphous; • Hydrogel—Sheet	• Hydrogel—Amorphous

HIGH EXUDATE:	Superficial	Cavity
(A) Absorbing	• Alginate (Superficial Wound); • Foam—Heavy Exudate; • Hydroactive (Superficial Wound—Moderate Exudate); • Hydrocolloid (Superficial Wound—Moderate/High Exudate)	• Alginate (Cavity Wound); • Foam—Moderate Exudate (see “cavity conforming” product); • Hydroactive (Cavity Wound); • Hydrocolloid (Cavity Wound)
(B) Moisture donating	NOT APPROPRIATE	

Yellow Sloughy Wound

Aims: (1) to remove slough; (2) to encourage granulation; (3) to absorb excess exudate.

LIGHT EXUDATE:	Superficial	Cavity
(A) Absorbing	• Cadexomer Iodine; • Foam—Light Exudate; • Foam with Charcoal; • Hydroactive (Superficial Wound—Moderate Exudate); • Hydrocolloid (Superficial Wound—Moderate Exudate)	• Cadexomer Iodine; • Hydrocolloid (Cavity Wound)
(B) Moisture Donating	• Hydrogel—Amorphous; • Hydrogel—Sheet	• Hydrogel—Amorphous
HIGH EXUDATE:	Superficial	Cavity
(A) Absorbing	• Alginate (Superficial Wound); • Cadexomer Iodine; • Foam—Heavy Exudate; • Hydroactive (Superficial Wound—Moderate/High Exudate); • Hydrocolloid (Superficial Wound—Moderate/High Exudate)	• Alginate (Cavity Wound); • Cadexomer Iodine; • Hydrocolloid (Cavity Wound)
(B) Moisture donating	NOT APPROPRIATE	

Black Necrotic Wound
Aim: To remove eschar by — (1) sharp debridement, e.g., scissor/scalpel and/or (2) rehydration and autolytic debridement. (These wounds usually produce a LIGHT EXUDATE.)

DRY / LIGHT EXUDATE:	Superficial	Cavity
(A) Absorbing	• Hydroactive (Superficial Wound—Light Exudate); • Hydrocolloid (Superficial Wound—Light/Moderate Exudate)	• Hydrocolloid (Cavity Wound)
(B) Moisture donating	• Hydrogel—Amorphous; • Hydrogel—Sheet	• Hydrogel—Amorphous; • Hydrogel—Sheet

INFECTED WOUNDS
Aims: (1) to clear the infection with systemic antibiotics; (2) to absorb excess exudate; (3) to remove slough if present; (4) to decrease bacterial burden - by applying a Silver dressing or Cadexomer Iodine dressing.

MALODOROUS WOUNDS
Aims: (1) to clear infection if present; (2) to remove slough if present; (3) to clear colonising odour-producing bacteria in slough — by applying metronidazole gel, a Silver dressing or a Cadexomer Iodine dressing; (4) to absorb excess exudate.
Products: Activated Charcoal; Alginate with Charcoal; Foam with Charcoal; Silver dressing; Cadexomer Iodine dressing.

MINOR SKIN TRAUMA
Aims: (1) to stop bleeding; (2) to prevent infection; (3) to minimise the surface defect; (4) to promote epithelialisation.

ORDERING COLOPLAST PRODUCTS
Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy, and ready supply has only been secured with Independence Australia on 1300 788 855. Please note that Coloplast are unable to guarantee ready supply or rebate for price differences on purchases outside this distributor.

ORDERING HARTMANN PRODUCTS
Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

ORDERING MOLNLYCKE HEALTHCARE PRODUCTS
Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.

ORDERING SMITH & NEPHEW PRODUCTS
Smith & Nephew products are distributed via the three major wholesalers, API, SIGMA & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

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ALIMENTARY TRACT AND METABOLISM

STOMATOLOGICAL PREPARATIONS

STOMATOLOGICAL PREPARATIONS

Antiinfectives and antiseptics for local oral treatment

CHLORHEXIDINE

chlorhexidine gluconate 0.2% mouthwash, 250 mL

4161B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	16.92	6.60	Plaqacide [OB]

chlorhexidine gluconate 0.2% mouthwash, 300 mL

4204G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.78	6.60	Savacol Mouth and Throat Rinse [OM]

NYSTATIN

nystatin 100 000 units/mL oral liquid, 24 mL

10854G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	..	18.56	6.60	[a] Pharmacy Action Nystatin Oral Drops [GQ]	[a] Trust Nystatin Oral Drops [CR]
		..	19.80	6.60	[a] Mycostatin Oral Drops [LN]	

DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

DRUGS FOR FUNCTIONAL GASTROINTESTINAL DISORDERS

Synthetic anticholinergics, esters with tertiary amino group

MEBEVERINE

mebeverine hydrochloride 135 mg tablet, 90

4328T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	29.90	6.60	[a] APO-Mebeverine [TX]	[a] Colese [AF]
		..	34.40	6.60	[a] Colofac [GO]	

BELLADONNA AND DERIVATIVES, PLAIN

Belladonna alkaloids, semisynthetic, quaternary ammonium compounds

HYOSCINE BUTYLBROMIDE

hyoscine butylbromide 20 mg/mL injection, 5 x 1 mL ampoules

4279F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	21.53	6.60	[a] Buscopan [VZ]	[a] HYOSCINE BUTYLBROMIDE MEDSURGE [DZ]
					[a] HYOSCINE BUTYLBROMIDE SXP [XN]	

DRUGS FOR CONSTIPATION

DRUGS FOR CONSTIPATION

Softeners, emollients

DOCUSATE

docusate sodium 50 mg tablet, 100

4200C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	18.94	6.60	Coloxyl 50 [AS]

Contact laxatives

BISACODYL

bisacodyl 10 mg suppository, 12

10580W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	4	..	*22.42	6.60	Petrus Bisacodyl Suppositories [PP]

bisacodyl 10 mg suppository, 10

10578R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	5	..	*24.70	6.60	[a] Petrus Bisacodyl Suppositories [PP]

			..	*25.99	6.60	[a] Dulcolax [VZ]	

▪ DOCUSATE + SENNOSIDE B

docusate sodium 50 mg + sennoside B 8 mg tablet, 90

10177P	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
	1	2	..	17.92	6.60	[a] Pharmacy Action Laxative with Senna [GQ]	
			..	17.96	6.60	[a] Chemists' Own Laxative with Senna [RW]	[a] Colaxsen [AS]
						[a] Coloxyl with Senna [LN]	[a] Co-Senna [PP]
						[a] Trust Coloxease [CR]	

▪ SENNOSIDE B

sennoside B 7.5 mg tablet, 100

4455L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	1	1	..	17.48	6.60	[a] Senna-Gen [PP]
			..	18.55	6.60	[a] Senokot [RC]

Bulk-forming laxatives

▪ DRY PSYLLIUM HUSK

dry psyllium husk 3.5 g powder for oral liquid, 30 sachets

4285M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	..	21.84	6.60	Fybogel [RC]

▪ PSYLLIUM HUSK POWDER

psyllium husk powder 3.4 g/7 g powder for oral liquid, 504 g

12596Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	..	31.86	6.60	Metamucil Natural Granular [PY]

psyllium husk powder 3.4 g/5.9 g powder for oral liquid, 283 g

4419N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	..	25.34	6.60	Metamucil Orange Smooth [PY]

▪ RHAMNUS FRANGULA + STERCULIA

rhamnus frangula 80 mg/g + sterculia 620 mg/g granules, 500 g

4558X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	..	26.18	6.60	Normacol Plus [NE]

Enemas

▪ CITRIC ACID + LAURYL SULFOACETATE SODIUM + SORBITOL

sodium citrate dihydrate 450 mg/5 mL + lauryl sulfoacetate sodium 45 mg/5 mL + sorbitol 3.125 g/5 mL enema, 4 x 5 mL

4462W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	17.08	6.60	Micolette [AE]

Other drugs for constipation

▪ GLYCEROL

glycerol 2.8 g suppository, 12

4246L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	5	..	*24.79	6.60	Petrus Pharmaceuticals Pty Ltd [PP]

glycerol 700 mg suppository, 12

10586E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	5	..	*23.95	6.60	Petrus Pharmaceuticals Pty Ltd [PP]

glycerol 1.4 g suppository, 12

10596Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	3	5	..	*24.31	6.60	Petrus Pharmaceuticals Pty Ltd [PP]

ANTIDIARRHEALS, INTESTINAL ANTIINFLAMMATORY/ANTIINFECTIVE AGENTS

ANTIPROPULSIVES

Antipropulsives

LOPERAMIDE

loperamide hydrochloride 2 mg capsule, 20

11135C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	13.88	6.60	[a] Gastrex [CR]	[a] Pharmacy Action Diarrhoea Relief [GQ]

loperamide hydrochloride 2 mg capsule, 12

10592L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	13.57	6.60	Gastrex [CR]

ANTIOBESITY PREPARATIONS, EXCL. DIET PRODUCTS

ANTIOBESITY PREPARATIONS, EXCL. DIET PRODUCTS

Peripherally acting antiobesity products

ORLISTAT

Note The patient should be ideally enrolled in an exercise program and be receiving supplemental vitamins.

Authority required

Obesity

Treatment Phase: Initial treatment

Clinical criteria:

- Patient must have a Body Mass Index (BMI) greater than or equal to 35 with no known co-morbidities; OR
- Patient must have a BMI greater than or equal to 30 with 1 or more of the following co-morbidities;(i) diabetes;(ii) ischaemic heart disease;(iii) psychiatric conditions;(iv) hypertension, **AND**
- Patient must be receiving, or enrolled to receive, professional dietetic and weight management advice (where this is available), **AND**
- The treatment must not exceed 12 months in total from initial application, **AND**
- Patient must not receive more than 1 continuous treatment in a lifetime.

The prescriber must provide the patient's initial body weight and BMI at the time of application.

Authority required

Obesity

Treatment Phase: Continuing treatment (3 to 6 months following commencement)

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have reduced their inital body weight by 2.5 kg or 2.5% (whichever is the lesser) during the period 3 to 6 months following commencement of treatment with this drug, **AND**
- The treatment must not exceed 12 months in total from initial application, **AND**
- Patient must not receive more than 1 continuous treatment in a lifetime, **AND**
- Patient must be receiving, or enrolled to receive, professional dietetic and weight management advice (where this is available).

Authority required

Obesity

Treatment Phase: Continuing treatment (6 to 12 months following commencement)

Clinical criteria:

- Patient must have previously been issued with an authority prescription for this drug, **AND**
- Patient must have reduced their inital body weight by 5 kg or 5% (whichever is the lesser) during the period 6 to 12 months following commencement of treatment with this drug, **AND**
- The treatment must not exceed 12 months in total from initial application, **AND**
- Patient must not receive more than 1 continuous treatment in a lifetime, **AND**
- Patient must be receiving, or enrolled to receive, professional dietetic and weight management advice (where this is available).

orlistat 120 mg capsule, 84

4570M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	134.74	6.60	Xenical [PB]

VITAMINS

VITAMIN B1, PLAIN AND IN COMBINATION WITH VITAMIN B6 AND B12

Vitamin B1, plain

▪ THIAMINE

thiamine hydrochloride 100 mg tablet, 100

4043T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	16.11	6.60	Betavit [PP]

VITAMIN B-COMPLEX, INCL. COMBINATIONS

Vitamin B-complex, plain

▪ LYSINE + THIAMINE + PYRIDOXINE + CYANOCOBALAMIN + FERRIC PYROPHOSPHATE

lysine hydrochloride 300 mg/10 mL + thiamine hydrochloride 10 mg/10 mL + pyridoxine hydrochloride 5 mg/10 mL + cyanocobalamin 25 microgram/10 mL + iron (as ferric pyrophosphate) 10 mg/10 mL oral liquid, 200 mL

4493L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	18.10	6.60	Accomin Adult Tonic [PF]

▪ MINERAL SUPPLEMENTS

CALCIUM

Calcium

▪ CALCIUM

Restricted benefit

Hyperphosphataemia

Clinical criteria:

- The condition must be associated with chronic renal failure.

calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120

11845K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*27.94	6.60	Cal-500 [PP]

calcium carbonate 1.5 g (calcium 600 mg) tablet, 120

4142B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2	1	..	*23.22	6.60	[a] CAL-600 [PP]	[a] Cal-care 600 mg [CR]

▪ CALCIUM

Restricted benefit

Hypocalcaemia

Restricted benefit

Osteoporosis

Restricted benefit

Proven calcium malabsorption

calcium carbonate 1.25 g (calcium 500 mg) chewable tablet, 120

11862H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	20.01	6.60	Cal-500 [PP]

calcium carbonate 1.5 g (calcium 600 mg) tablet, 120

4082W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	17.65	6.60	[a] CAL-600 [PP]	[a] Cal-care 600 mg [CR]

OTHER MINERAL SUPPLEMENTS

Magnesium

▪ MAGNESIUM

Restricted benefit

Hypomagnesaemia

The condition must be documented in the patient's medical records.

magnesium 37.4 mg tablet, 50

4321K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	18.10	6.60	Amcal Mag-A [IG] Pharmacy Care Magnesium [SI]	Mag-Sup [PP]
		..	18.67	6.60	Magmin [BB]	

RPBS

BLOOD AND BLOOD FORMING ORGANS

ANTITHROMBOTIC AGENTS

ANTITHROMBOTIC AGENTS

Platelet aggregation inhibitors excl. heparin

ASPIRIN

aspirin 100 mg tablet, 90

4076M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	20.12	6.60	Cardiprin 100 [RC]

aspirin 100 mg tablet, 112

10590J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	14.20	6.60	Spren 100 [OW]

ASPIRIN

Note The enteric coated preparations are for patients with a significant risk of gastrointestinal bleeding.

aspirin 100 mg enteric tablet, 84

4077N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	18.42	6.60	Cardasa [AF]	
					[a] Cartia [AS]	[a] Pharmacy Action Low Dose Aspirin [GQ]
					[a] Trust Aspirin EC 100 [CR]	

aspirin 100 mg enteric capsule, 84

4078P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	19.21	6.60	Astrix [YN]

CLOPIDOGREL

Note Pharmaceutical benefits that have the forms clopidogrel tablet 75 mg (as besilate) and clopidogrel tablet 75 mg (as hydrogen sulfate) are equivalent for the purposes of substitution.

Authority required

For use in patients pre- and post-angioplasty

clopidogrel 75 mg tablet, 28

10169F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	16.29	6.60	[a] BTC Clopidogrel [JB]	[a] Clopidogrel APOTEX [GX]
					[a] Clopidogrel GH [GQ]	[a] Plidogrel [RF]

clopidogrel 75 mg tablet, 28

4179Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	3	..	16.29	6.60	[a] APO-Clopidogrel [TX]	[a] Blooms the Chemist Clopidogrel [IB]
					[a] Clopidogrel Sandoz Pharma [HX]	[a] Iscover [AV]
					[a] Piax [AF]	[a] Plavicor 75 [CR]

ANTIANEMIC PREPARATIONS

IRON PREPARATIONS

Iron bivalent, oral preparations

FERROUS FUMARATE

ferrous fumarate 200 mg (iron 65.7 mg) tablet, 60

10594N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	18.75	6.60	Ferro-tab [AE]

Iron in combination with folic acid

FERROUS FUMARATE + FOLIC ACID

ferrous fumarate 310 mg (iron 100 mg) + folic acid 350 microgram tablet, 60

10579T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	19.77	6.60	Ferro-f-tab [AE]

VITAMIN B12 AND FOLIC ACID

Vitamin B12 (cyanocobalamin and analogues)

▪ HYDROXOCOBALAMIN

Note One injection of hydroxocobalamin 1 mg every three months provides appropriate maintenance therapy in vitamin B_{12} deficiencies.

Note Pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as acetate) in 1 mL and pharmaceutical benefits that have the form hydroxocobalamin injection 1 mg (as chloride) in 1 mL are equivalent for the purposes of substitution.

Restricted benefit

Pernicious anaemia

Restricted benefit

Proven vitamin B12 deficiencies other than pernicious anaemia

Restricted benefit

Anaemias associated with vitamin B12 deficiency

Clinical criteria:

- Patient must have had a gastrectomy, **AND**
- The treatment must be for prophylaxis.

hydroxocobalamin 1 mg/mL injection, 3 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10577Q	1	..	..	16.46	6.60	[a] Vita-B12 [GH]

hydroxocobalamin 1 mg/mL injection, 3 x 1 mL ampoules

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10587F	1	..	..	16.46	6.60	[a] Neo-B12 [PF]

Folic acid and derivatives

▪ FOLIC ACID

folic acid 500 microgram tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10584C	2	..	..	*16.28	6.60	[a] Foltabs 500 [PP]	[a] Megafol 0.5 [AF]

▪ FOLIC ACID

Note The 5 mg strength tablet should be used in malabsorption states only.

folic acid 5 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10573L	2	1	..	*18.36	6.60	Megafol 5 [AF]

▪ BLOOD SUBSTITUTES AND PERFUSION SOLUTIONS

IRRIGATING SOLUTIONS

Salt solutions

▪ SODIUM CHLORIDE

sodium chloride 0.9% (9 g/L) solution, 1 L bottle

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4461T	‡1	2	..	15.91	6.60	Baxter Healthcare Pty Ltd [BX]

sodium chloride 0.9% (4.5 g/500 mL) solution, 500 mL bottle

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4460R	‡1	2	..	15.65	6.60	Baxter Healthcare Pty Ltd [BX]

▪ CARDIOVASCULAR SYSTEM

▪ VASOPROTECTIVES

AGENTS FOR TREATMENT OF HEMORRHOIDS AND ANAL FISSURES FOR TOPICAL USE

Other agents for treatment of hemorrhoids and anal fissures for topical use

▪ ZINC OXIDE + PERU BALSAM + BENZYL BENZOATE

zinc oxide 300 mg + peru balsam 50 mg + benzyl benzoate 33 mg suppository, 12

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4040P	‡1	1	..	18.11	6.60	Anusol [JT]

zinc oxide 10.75% + peru balsam 1.88% + benzyl benzoate 1.25% ointment, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4039N	‡1	1	..	19.05	6.60	Anusol [JT]

DERMATOLOGICALS

ANTIFUNGALS FOR DERMATOLOGICAL USE

ANTIFUNGALS FOR TOPICAL USE

Imidazole and triazole derivatives

CLOTRIMAZOLE

clotrimazole 1% cream, 20 g

4004R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	14.13	6.60	[a] Pharmacy Action Anti-Fungal Cream [GQ]
		..	14.44	6.60	[a] Clonea [AF]

Other antifungals for topical use

AMOROLFINE

Restricted benefit

Onychomycosis

amorolfine 5% solution, 5 mL

4010C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	48.64	6.60	[a] Myconail [AE]
		..	68.72	6.60	[a] Pharmacy Action Anti-Fungal Nail Treatment [GQ]
		..	84.89	6.60	[a] Aporyl [TX]
		..	93.64	6.60	[a] Loceryl [GA]

TERBINAFINE

Restricted benefit

Tinea pedis

terbinafine hydrochloride 1% cream, 15 g

4473K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	..	25.53	6.60	[a] Lamisil [GJ]	[a] Pharmacy Action Pharmisil [GQ]
					[a] Trust Terbinafine Cream [CR]	

terbinafine 1% gel, 15 g

4463X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	26.80	6.60	Lamisil DermGel [GJ]

TOLNAFTATE

tolnaftate 0.07% spray, 100 g

4481W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.62	6.60	Tinaderm [BN]

ANTIFUNGALS FOR SYSTEMIC USE

Antifungals for systemic use

TERBINAFINE

Authority required

Onychomycosis

Clinical criteria:

- The condition must be due to dermatophyte infection proven by microscopy and confirmed by an Approved Pathology Provider; OR
- The condition must be due to dermatophyte infection proven by culture and confirmed by an Approved Pathology Provider.

terbinafine 250 mg tablet, 42

4011D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	30.99	6.60	[a] APO-Terbinafine [TX]	[a] Lamisil (Novartis Pharmaceuticals Australia Pty Limited) [NV]
					[a] Tamsil [RW]	[a] Terbinafine Sandoz [SZ]
					[a] Tinasil [AF]	

EMOLLIENTS AND PROTECTIVES

EMOLLIENTS AND PROTECTIVES

Soft paraffin and fat products

RPBS

▪ WOOL ALCOHOLS

wool alcohols 6% ointment, 100 g

4041Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	18.83	6.60	Eucerin [BE]

Carbamide products

▪ UREA

urea 10% cream, 100 g

4042R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	17.16	6.60	Aquacare H.P. [AG]
		..	17.36	6.60	Urederm [KY]

Other emollients and protectives

▪ GELATIN + PECTIN + CARMELLOSE SODIUM

gelatin 16.7% + pectin 16.7% + carmellose sodium 16.7% paste, 5 g

4518T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	16.88	6.60	Orabase [AS]

▪ GLYCEROL + WHITE SOFT PARAFFIN

glycerol 5% + white soft paraffin 5% lotion, 1 L

11712K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	31.28	6.60	QV Skin Lotion [EO]

▪ SKIN EMOLLIENT

SKIN EMOLLIENT Lotion 500 mL, 1

4107E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	21.58	6.60	Alpha Keri Lotion [MT]

SKIN EMOLLIENT Bath oil 500 mL, 1

4122Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	21.58	6.60	Alpha Keri Bath Oil [MT]
		..	23.68	6.60	QV Bath Oil [EO]
		..	23.76	6.60	Hamilton Skin Therapy Oil [KY]

PROTECTIVES AGAINST UV-RADIATION

Protectives against UV-radiation for topical use

▪ BEMOTRIZINOL + OCTOCRYLENE + DIETHYLAMINO HYDROXYBENZOYL HEXYL BENZOATE + TITANIUM DIOXIDE

bemotrizinol 1% + octocrylene 2% + diethylamino hydroxybenzoyl hexyl benzoate 3.5% + titanium dioxide 2% lotion, 125 mL

11387H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	22.19	6.60	Sunsense Ultra SPF 50+ [EO]

▪ SUNSCREENS

SUNSCREENS Cream 75 g, 1

4307Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	22.19	6.60	Sunsense Sensitive SPF 50+ [EO]

SUNSCREENS Lotion (non-alcoholic) 125 mL, 1

4546G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	20.39	6.60	Aquasun Lotion SPF 18 [PF]

▪ ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.

ANTIPRURITICS, INCL. ANTIHISTAMINES, ANESTHETICS, ETC.

Anesthetics for topical use

▪ LIDOCAINE (LIGNOCAINE)

lidocaine (lignocaine) hydrochloride 2% oral liquid, 200 mL

4308R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	104.20	6.60	Xylocaine Viscous [AS]

RPBS

Other antipruritics

▪ TAR + TROLAMINE LAURIL SULFATE

Note For patients who have failed to respond to simple moisturising agents.

tar 2.3% + trolamine lauril sulfate 6% solution, 500 mL

4408B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	26.43	6.60	Pinetarsol [EO]

▪ ANTIPSORIATICS

ANTIPSORIATICS FOR TOPICAL USE

Tars

▪ COAL TAR SOLUTION + PHENOL + PRECIPITATED SULFUR

coal tar solution 5% + phenol 0.5% + precipitated sulfur 0.5% gel, 30 g

4505D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	20.43	6.60	Egopsoryl-TA [EO]

▪ ANTIBIOTICS AND CHEMOTHERAPEUTICS FOR DERMATOLOGICAL USE

ANTIBIOTICS FOR TOPICAL USE

Other antibiotics for topical use

▪ MUPIROCIN

mupirocin 2% ointment, 15 g

4350Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	20.70	6.60	[a] Medicianz Mupirocin Ointment [DZ]
		..	21.50	6.60	[a] APO-Mupirocin [TX]
		..	24.57	6.60	[a] Bactroban [GK]

▪ MUPIROCIN

Restricted benefit

Secondarily infected traumatic skin lesions

mupirocin 2% cream, 15 g

4348W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	24.57	6.60	Bactroban [GK]

▪ CORTICOSTEROIDS, DERMATOLOGICAL PREPARATIONS

CORTICOSTEROIDS, PLAIN

Corticosteroids, weak (group I)

▪ HYDROCORTISONE ACETATE

hydrocortisone acetate 1% cream, 30 g

11710H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	1	..	17.30	6.60	[a] Pharmacy Action Hydrocortisone Cream 1% [GQ]	[a] Trust HydroCortic Cream [CR]

▪ HYDROCORTISONE ACETATE

Restricted benefit

Corticosteroid-responsive dermatoses

hydrocortisone acetate 1% ointment, 30 g

10831C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	17.30	6.60	Cortic-DS 1% [AS]

Corticosteroids, potent (group III)

▪ BETAMETHASONE VALERATE

betamethasone (as valerate) 0.1% cream, 30 g

4131K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	26.00	6.60	Betnovate [AS]

RPBS

betamethasone (as valerate) 0.1% ointment, 30 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4132L	‡1	2	..	26.00	6.60	Betnovate [AS]

▪ MOMETASONE

Note Application to large areas of skin for longer than four weeks is not recommended.

mometasone furoate 0.1% cream, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4342M	‡1	..	..	35.61	6.60	Elocon Alcohol Free [AL]

mometasone furoate 0.1% ointment, 50 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4343N	‡1	..	..	35.61	6.60	[a] Elocon [AL]	[a] Momasone [AS]

▪ ANTISEPTICS AND DISINFECTANTS

ANTISEPTICS AND DISINFECTANTS

Iodine products

▪ POVIDONE-IODINE

povidone-iodine 10% solution, 100 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4411E	‡1	..	..	25.72	6.60	Betadine Antiseptic Liquid [SW]

▪ OTHER DERMATOLOGICAL PREPARATIONS

OTHER DERMATOLOGICAL PREPARATIONS

Medicated shampoos

▪ COAL TAR SOLUTION + SALICYLIC ACID

coal tar solution 4.25% + salicylic acid 2% shampoo, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4560B	‡1	2	..	24.22	6.60	Ionil-T [GA]

▪ SELENIUM SULFIDE

selenium sulfide 2.5% shampoo, 125 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4452H	‡1	..	..	18.79	6.60	Selsun [DQ]

▪ TAR + COAL TAR SOLUTION + SALICYLIC ACID

tar 1% + coal tar solution 1% + salicylic acid 2% solution, 250 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4447C	‡1	2	..	22.88	6.60	Sebitar [EO]

Wart and anti-corn preparations

▪ SALICYLIC ACID + LACTIC ACID

salicylic acid 16.7% + lactic acid 15% solution, 15 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
11959K	‡1	..	..	22.28	6.60	Duofilm Solution [GK]

Other dermatologicals

▪ DICLOFENAC

Note Maximum quantity of four tubes (original + 3 repeats) in 12 months.

Authority required

Solar (actinic) keratosis

Treatment Phase: Management

Clinical criteria:

- Patient must require topical drug therapy as field treatment for clinically visible and subclinical lesions where other standard treatments are inappropriate.

diclofenac sodium 3% gel, 25 g

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4046Y	‡1	3	..	59.14	6.60	Solaraze 3% Gel [YN]

▪ GLYCEROL

glycerol 15% solution, 1 kg

11708F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	30.79	6.60	QV Gentle Wash [EO]

▪ ICHTHAMMOL

Note For patients who have failed to respond to simple moisturising agents.

ichthammol 1% cream, 50 g

4281H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	22.24	6.60	Egoderm Cream [EO]

▪ ICHTHAMMOL + ZINC OXIDE

Note For patients who have failed to respond to simple moisturising agents.

ichthammol 1% + zinc oxide 15% ointment, 50 g

4280G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	22.24	6.60	Egoderm Ointment [EO]

▪ IMIQUIMOD

Authority required

Superficial basal cell carcinoma

Treatment Phase: Primary treatment

Clinical criteria:

- The condition must be confirmed by a histological diagnosis, **AND**
- The condition must be one where other standard treatments are inappropriate, **AND**
- The condition must require topical drug therapy.

imiquimod 5% cream, 12 x 250 mg sachets

4559Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	87.61	6.60	[a] Aldiq [AF]	[a] APO-Imiquimod [TX]
		..	90.91	6.60	[a] Aldara [IL]	

▪ IMIQUIMOD

Note Pharmaceutical benefits that have the form imiquimod single use sachets and pharmaceutical benefits that have the form imiquimod multi-use pump are equivalent for the purposes of substitution.

Authority required

Solar keratosis

Clinical criteria:

- Patient must require topical drug therapy on the face and scalp as field treatment for clinically visible and subclinical lesions where other standard treatments are inappropriate.

imiquimod 5% cream, 2 x 2 g

10106X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	95.96	6.60	[a] Aldara Pump [IL]

imiquimod 5% cream, 12 x 250 mg sachets

4134N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	1	..	87.61	6.60	[a] Aldiq [AF]	[a] APO-Imiquimod [TX]
		..	90.91	6.60	[a] Aldara [IL]	

▪ LIGHT LIQUID PARAFFIN + COCOAMPHODIACETATE DISODIUM

light liquid paraffin 3.5% + cocoamphodiacetate disodium 3% lotion, 500 mL

4549K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	24.53	6.60	Hamilton Skin Therapy Wash [KY]

▪ PANTHENOL

Note To be used in conjunction with the scalp cleanser salicylic acid with coal tar solution and pine tar (code 4447C).

panthenol conditioner, 200 g

4510J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	18.89	6.60	SebiRinse [EO]

▪ ZINC OXIDE + MAIZE STARCH + PURIFIED TALC + CHLORPHENESIN

zinc oxide 25% + maize starch 55.85% + purified talc 18.07% + chlorphenesin 1% powder, 100 g

4497Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	17.21	6.60	Z.S.C. [RW]

▪ GENITO URINARY SYSTEM AND SEX HORMONES

▪ GYNECOLOGICAL ANTIINFECTIVES AND ANTISEPTICS

ANTIINFECTIVES AND ANTISEPTICS, EXCL. COMBINATIONS WITH CORTICOSTEROIDS

Antibiotics

▪ NYSTATIN

nystatin 20 000 units/g vaginal cream, 75 g

4013F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	18.49	6.60	Nilstat [AS]

Imidazole derivatives

▪ CLOTRIMAZOLE

clotrimazole 2% vaginal cream, 20 g

4017K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	19.61	6.60	[a] APO-Clotrimazole 3 Day Cream [TX]	[a] Clonea 3 Day Cream [AF]
					[a] Pharmacy Action FemCream 3 Day Cream [GQ]	[a] Trust Fem V 3 Day Cream [CR]

clotrimazole 1% vaginal cream, 35 g

4016J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	18.40	6.60	[a] Clonea 6 Day Cream [AF]	[a] Pharmacy Action FemCream [GQ]
					[a] Trust Fem V 6 Day Cream [CR]	
		..	19.61	6.60	[a] APO-Clotrimazole 6 Day Cream [TX]	

▪ OTHER GYNECOLOGICALS

OTHER GYNECOLOGICALS

▪ ACETIC ACID + HYDROXYQUINOLINE + RICINOLEIC ACID

acetic acid 0.94% + oxyquinoline sulfate 0.025% + ricinoleic acid 0.75% vaginal gel, 100 g

4434J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	35.11	6.60	Aci-Jel [CU]

▪ UROLOGICALS

UROLOGICALS

Drugs used in erectile dysfunction

▪ ALPROSTADIL

Authority required

Erectile dysfunction

Clinical criteria:

- The condition must be vasculogenic; OR
- The condition must be psychogenic; OR
- The condition must be neurogenic, **AND**
- Patient must have a specific accepted war-caused or service-related disability.

Population criteria:

- Patient must be male.

Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.

alprostadil 20 microgram injection [1 chamber] (&) inert substance diluent [0.5 mL chamber], 2 dual chamber syringes

4580C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	3	..	*134.98	6.60	Caverject Impulse [PF]

RPBS

alprostadil 10 microgram injection [1 chamber] (&) inert substance diluent [0.5 mL chamber], 2 dual chamber syringes

4579B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	3	..	*106.63	6.60	Caverject Impulse [PF]

▪ AVANAFIL

Authority required

Erectile dysfunction

Clinical criteria:

- The condition must be vasculogenic; OR
- The condition must be psychogenic; OR
- The condition must be neurogenic, **AND**
- Patient must have a specific accepted war-caused or service-related disability.

Population criteria:

- Patient must be male.

Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.

avanafil 100 mg tablet, 4

11861G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	52.94	6.60	Spedra [FK]

avanafil 50 mg tablet, 4

11837B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	50.79	6.60	Spedra [FK]

avanafil 200 mg tablet, 4

11860F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	55.09	6.60	Spedra [FK]

▪ SILDENAFIL

Authority required

Erectile dysfunction

Clinical criteria:

- The condition must be vasculogenic; OR
- The condition must be psychogenic; OR
- The condition must be neurogenic, **AND**
- Patient must have a specific accepted war-caused or service-related disability.

Population criteria:

- Patient must be male.

Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.

sildenafil 50 mg tablet, 4

4585H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	28.72	6.60	[a] Viagra [UJ]	
		..	68.03	6.60	[a] APO-Sildenafil [TX]	[a] NOUMED Sildenafil [VO]
					[a] Sildenafil APOTEX [GX]	[a] Sildenafil Sandoz [SZ]
					[a] Vasafil 50 [RW]	[a] Vedafil [AF]

sildenafil 100 mg tablet, 4

4586J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	32.08	6.60	[a] Viagra [UJ]	
		..	72.60	6.60	[a] APO-Sildenafil [TX]	[a] NOUMED Sildenafil [VO]
					[a] Sildenafil APOTEX [GX]	[a] Sildenafil generichealth [GQ]
					[a] Sildenafil Sandoz [SZ]	[a] Vasafil 100 [RW]
					[a] Vedafil [AF]	

sildenafil 25 mg tablet, 4

4584G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	25.15	6.60	[a] Viagra [UJ]	
		..	56.03	6.60	[a] Sildenafil APOTEX [GX]	[a] Sildenafil Sandoz [SZ]
					[a] Vasafil 25 [RW]	[a] Vedafil [AF]
		..	56.04	6.60	[a] APO-Sildenafil [TX]	

▪ TADALAFIL

Authority required

Erectile dysfunction

Clinical criteria:

- The condition must be vasculogenic; OR
- The condition must be psychogenic; OR

RPBS

- The condition must be neurogenic, **AND**
- Patient must have a specific accepted war-caused or service-related disability.

Population criteria:

- Patient must be male.

Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.

tadalafil 10 mg tablet, 4

4596X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	104.84	6.60	[a] Apo-Tadalafil [TX] [a] Cidala [RW] [a] Tadalafil GH [GQ]	[a] Cialis [LY] [a] Cipla Tadalafil [LR] [a] Tadalafil Sandoz [SZ]

tadalafil 20 mg tablet, 4

4597Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	104.84	6.60	[a] Apo-Tadalafil [TX] [a] Cidala [RW] [a] Tadalaccord [CR] [a] Tadalafil Sandoz [SZ]	[a] Cialis [LY] [a] Cipla Tadalafil [LR] [a] Tadalafil GH [GQ]

▪ VARDENAFIL

Authority required

Erectile dysfunction

Clinical criteria:

- The condition must be vasculogenic; OR
- The condition must be psychogenic; OR
- The condition must be neurogenic, **AND**
- Patient must have a specific accepted war-caused or service-related disability.

Population criteria:

- Patient must be male.

Authorisation will not be given for any additional prescriptions within 6 months or for any increased quantities or repeats.

vardenafil 10 mg tablet, 4

4290T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	72.42	6.60	Levitra [BN]

vardenafil 20 mg tablet, 4

4302K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	82.17	6.60	Levitra [BN]

Other urologicals

▪ BICARBONATE + CITRIC ACID + TARTARIC ACID

Note Pharmaceutical benefits that have the forms sodium bicarbonate 1.76 g + sodium citrate 630 mg + citric acid 720 mg + tartaric acid 890 mg powder for oral liquid and sodium bicarbonate 1.76 g + citric acid 720 mg + sodium citrate 630 mg + tartaric acid 890 mg effervescent granules are equivalent for the purposes of substitution.

Restricted benefit

Urinary symptoms

Clinical criteria:

- The treatment must be for when antibiotic or other therapy alone is inappropriate.

sodium bicarbonate 1.76 g + citric acid 720 mg + sodium citrate 630 mg + tartaric acid 890 mg effervescent granules, 28 x 4 g sachets

12179B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	4	..	18.28	6.60	[a] Trust Cystitis Relief [CR]

sodium bicarbonate 1.76 g + sodium citrate 630 mg + citric acid 720 mg + tartaric acid 890 mg powder for oral liquid, 28 x 4 g sachets

4049D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	4	..	18.28	6.60	[a] Ural Sachets [AS]

RPBS

DRUGS USED IN BENIGN PROSTATIC HYPERTROPHY

Alpha-adrenoreceptor antagonists

▪ ALFUZOSIN

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

alfuzosin hydrochloride 10 mg modified release tablet, 30

4277D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	63.84	6.60	Xatral SR [SW]

▪ DUTASTERIDE + TAMSULOSIN

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

dutasteride 500 microgram + tamsulosin hydrochloride 400 microgram modified release capsule, 30

10102Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	33.48	6.60	Duodart 500ug/400ug [GK]

▪ SILODOSIN

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

silodosin 4 mg capsule, 30

12079R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	38.87	6.60	Urorec [YN]

silodosin 8 mg capsule, 30

12077P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	43.62	6.60	Urorec [YN]

▪ TAMSULOSIN

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

tamsulosin hydrochloride 400 microgram modified release tablet, 30

4070F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	63.84	6.60	[a] Apo-Tamsulosin SR [TX]	[a] Blooms the Chemist Tamsulosin SR [IB]
					[a] Flomaxtra [LS]	[a] Flosix [AF]
					[a] Tamsulosin Sandoz SR [SZ]	

Testosterone-5-alpha reductase inhibitors

▪ DUTASTERIDE

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

dutasteride 500 microgram capsule, 30

10095H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	26.98	6.60	[a] APO-Dutasteride [TX]	[a] Avodart [GK]

▪ FINASTERIDE

Authority required

Benign prostatic hyperplasia

Clinical criteria:

- Patient must have lower urinary tract symptoms.

finasteride 5 mg tablet, 28

4303L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	89.21	6.60	Finpro [RZ]

finasteride 5 mg tablet, 30

4233T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	76.87	6.60	[a] Finasteride GH 5 [GQ]	[a] Finasteride Mylan 5 [AF]
					[a] Finide [AL]	
		..	94.72	6.60	[a] Finnacar [RW]	
		..	99.07	6.60	[a] APO-Finasteride [TX]	[a] Finasta [SZ]
					[a] Finasteride-GA 5 [GN]	[a] Pharmacor Finasteride 5 [CR]

RPBS

[a] Proscar [OQ]

ANTIINFECTIVES FOR SYSTEMIC USE

ANTIBACTERIALS FOR SYSTEMIC USE

MACROLIDES, LINCOSAMIDES AND STREPTOGRAMINS

Macrolides

AZITHROMYCIN

Restricted benefit

Upper and lower respiratory tract infections

azithromycin 500 mg tablet, 3

4115N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	33.90	6.60	Zedd 500 [RW]	
					[a] APO-Azithromycin [TX]	[a] Azithromycin Mylan [AF]
					[a] Azithromycin Sandoz [SZ]	[a] ZITHRO [RF]
					[a] Zithromax [PF]	

ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS

ANTINEOPLASTIC AGENTS

ANTIMETABOLITES

Pyrimidine analogues

FLUOROURACIL

fluorouracil 5% cream, 20 g

4222F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	66.27	6.60	[a] APOC-5FU [TX]
		..	75.30	6.60	[a] Efudix [IL]

IMMUNOSUPPRESSANTS

IMMUNOSUPPRESSANTS

Tumor necrosis factor alpha (TNF-alpha) inhibitors

INFLIXIMAB

Note Any queries concerning the arrangements to prescribe infliximab may be directed to the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) on 1800 552 580.
Written applications for authority to prescribe infliximab should be forwarded to:
Reply Paid 9998
Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC)
Department of Veterans' Affairs
GPO Box 9998
BRISBANE QLD 4001

Authority required

Initial treatment, in combination with methotrexate, of specific accepted war-caused or service-related disability of refractory rheumatoid arthritis. Initial treatment may be prescribed by rheumatologists or consultant physicians for the reduction of signs and symptoms and prevention of structural joint damage in adult patients with active rheumatoid arthritis who satisfy all of the following criteria:

(1) (a) Proven raised erythrocyte sedimentation rate (ESR) and/or C-reactive protein (CRP); and

(1) (b) Proven erosive rheumatoid arthritis without end-stage disease;

(2) Failure of an adequate trial of methotrexate and 2 other disease modifying anti-rheumatic drugs (such as sulfasalazine, hydroxychloroquine, leflunomide or cyclosporin) — unless these drugs were contraindicated or intolerance had developed;

(3) No history of active tuberculosis requiring treatment in the last 3 years;

(4) No history of opportunistic infection in the last 2 months;

(5) Female patients of child-bearing age are not pregnant, not breast-feeding, and are using an effective form of contraception.

Applications for authorisation must be in writing and must include:

(1) a completed authority prescription form; and

(2) a completed Infliximab (Remicade) RPBS Authority Application - Supporting Information form (contact the VAPAC on 1800 552 580 for a copy of the form)

Authority required

Continuing treatment, in combination with methotrexate, of specific accepted war-caused or service-related disability of refractory rheumatoid arthritis. Continuing treatment may be prescribed by rheumatologists or consultant physicians, following initial therapy of 3 doses, in patients who satisfy the following criteria:

(1) There is improvement in ESR and/or CRP; and

(2) An ACR20 (American College of Rheumatology) response is achieved by 14 weeks after the commencement of therapy.

Applications for authorisation must be in writing and must include:
(1) a completed authority prescription form; and
(2) a completed Infliximab (Remicade) RPBS Authority Application - Supporting Information form (contact the VAPAC on 1800 552 580 for a copy of the form)

infliximab 100 mg injection, 1 vial

4284L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	2	..	355.20	6.60	Remicade [JC]

MUSCULO-SKELETAL SYSTEM

TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN

TOPICAL PRODUCTS FOR JOINT AND MUSCULAR PAIN

Preparations with salicylic acid derivatives

METHYL SALICYLATE + MENTHOL + CAMPHOR + EUCALYPTUS OIL + PINE OIL PUMILIO + TURPENTINE OIL + PEPPERMINT OIL + CAJUPUT OIL + CAPSICUM EXTRACT

methyl salicylate 20% + menthol 5% + camphor 3.5% + eucalyptus oil 3% + pine oil pumilio 1% + turpentine oil 1% + peppermint oil 0.5% + cajuput oil 0.5% + capsicum extract 0.15% cream, 100 g

11707E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	18.69	6.60	Goanna Heat Cream [GQ]

DRUGS FOR TREATMENT OF BONE DISEASES

DRUGS AFFECTING BONE STRUCTURE AND MINERALIZATION

Bisphosphonates

RISEDRONATE

Authority required

Preservation of bone mineral density

Clinical criteria:

- Patient must be on long-term glucocorticoid therapy, **AND**
- Patient must be undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day, **AND**
- Patient must be osteopenic (bone mineral density t-score of less than -1.0).

Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more.

risedronate sodium 35 mg enteric tablet, 4

2191H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	36.09	6.60	Actonel EC [TT]

risedronate sodium 35 mg tablet, 4

4444X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	36.09	6.60	[a] Acris Once-a-Week [AF] [a] Risedronate-GA [GN] [a] Risedro once a week [RW]	[a] APO-Risedronate [TX] [a] Risedronate Sandoz [SZ]

risedronate sodium 5 mg tablet, 28

4443W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	5	..	36.09	6.60	Actonel [TT]

Bisphosphonates, combinations

ALENDRONATE + COLECALCIFEROL

Authority required

Preservation of bone mineral density

Clinical criteria:

- Patient must be on long-term glucocorticoid therapy, **AND**
- Patient must be undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day, **AND**
- Patient must be osteopenic (bone mineral density t-score of less than -1.0).

Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more.

alendronate 70 mg + colecalciferol 140 microgram (5600 units) tablet, 4

2224C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	5	..	18.93	6.60	[a] ALENDRONATE PLUS D3 70mg/140ug APOTEX [GX] [a] Alendronate Plus D3 Sandoz [SZ]	[a] Alendronate plus D3-DRLA [RZ] [a] FonatPlus [AF]

RPBS

		..	22.93	6.60	[a] Fosamax Plus 70 mg/140 mcg [MQ]	

alendronate 70 mg + colecalciferol 70 microgram (2800 units) tablet, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
2194L	1	5	..	18.93	6.60	[a] ALENDRONATE PLUS D3 70mg/70ug APOTEX [GX]	[a] Alendronate plus D3-DRLA [RZ]
						[a] Alendronate Plus D3 Sandoz [SZ]	[a] FonatPlus [AF]
			..	22.93	6.60	[a] Fosamax Plus [MQ]	

▪ RISEDRONATE (&) CALCIUM CARBONATE

Authority required

Preservation of bone mineral density

Clinical criteria:

- Patient must be on long-term glucocorticoid therapy, **AND**
- Patient must be undergoing continuous treatment with a dose equal to or greater than 7.5 mg of prednisone or equivalent per day, **AND**
- Patient must be osteopenic (bone mineral density t-score of less than -1.0).

Prescribers need to demonstrate that the patient has been on continuous therapy for 3 months or more.

risedronate sodium 35 mg tablet [4] (&) calcium (as carbonate) 500 mg tablet [24], 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4059P	‡1	5	..	36.09	6.60	Acris Combi [AF]

▪ NERVOUS SYSTEM

▪ ANALGESICS

OPIOIDS

Natural opium alkaloids

▪ MORPHINE

Caution The risk of drug dependence is high.

Note Authorities for increased maximum quantities and/or repeats will be granted only for:
(i) chronic severe disabling pain associated with proven malignant neoplasia; or
(ii) chronic severe disabling pain where treatment has been initiated by a specialist with appropriate expertise in pain management.

Restricted benefit

Chronic severe disabling pain

Clinical criteria:

- The condition must be unresponsive to non-opioid analgesics.

morphine sulfate pentahydrate 200 mg modified release tablet, 28

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4349X	1	..	..	119.50	6.60	MS Contin [MF]

Opioids in combination with non-opioid analgesics

▪ ASPIRIN + CODEINE

aspirin 300 mg + codeine phosphate hemihydrate 8 mg dispersible tablet, 40

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4286N	1	2	..	18.83	6.60	Aspalgin 40 [GO]

▪ PARACETAMOL + CODEINE

paracetamol 500 mg + codeine phosphate hemihydrate 8 mg tablet, 40

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4275B	1	2	..	15.94	6.60	Panamax Co. 40 [SW]

OTHER ANALGESICS AND ANTIPYRETICS

Anilides

▪ PARACETAMOL

paracetamol 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10582Y	1	1	..	13.75	6.60	[a] APO-Paracetamol [TX]	[a] Febridol [EA]
						[a] Mendeleev Paracetamol [HX]	[a] Panamax [SW]
						[a] Paracetamol (Sandoz) [SZ]	[a] Paralgin [OW]

RPBS

						[a] Parapane [AF]	[a] PHARMACY CARE PARACETAMOL [SI]

paracetamol 48 mg/mL oral liquid, 200 mL

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10599W	‡1	2	..	15.93	6.60	[a] Panamax 240 Elixir [SW]	[a] Trust for Kids Paracetamol 6 to 12 years [CR]

▪ PARACETAMOL

Restricted benefit

Persistent pain

Clinical criteria:

- The condition must be associated with osteoarthritis.

paracetamol 665 mg modified release tablet, 96

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10598T	2	5	..	*19.54	6.60	[a] Osteomol 665 Paracetamol [CR] [a] Pharmacy Action Paracetamol Osteo 665 [GQ]	[a] Parapane Osteo [AF]

▪ PARACETAMOL

Restricted benefit

Chronic arthropathies

paracetamol 500 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
10585D	3	4	..	*17.08	6.60	[a] APO-Paracetamol [TX] [a] Mendeleev Paracetamol [HX] [a] Paracetamol (Sandoz) [SZ] [a] Parapane [AF]	[a] Febridol [EA] [a] Panamax [SW] [a] Paralgin [OW] [a] PHARMACY CARE PARACETAMOL [SI]

Other analgesics and antipyretics

▪ GABAPENTIN

Authority required

Refractory neuropathic pain

Clinical criteria:

- The condition must be unable to be controlled by other drugs.

gabapentin 600 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4594T	1	5	..	41.30	6.60	[a] APO-Gabapentin [TX] [a] Gabapentin APOTEX [TY] [a] Neurontin [UJ]	[a] Gabapentin AN [EA] [a] Gabapentin Aspen 600 [RW] [a] Pharmacor Gabapentin 600 [CR]

gabapentin 300 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4592Q	1	5	..	25.58	6.60	[a] APO-Gabapentin [TX] [a] Gabapentin APOTEX [TY] [a] Gabapentin generichealth [HQ] [a] Neurontin [UJ]	[a] Gabacor [CR] [a] Gabapentin Aspen 300 [RW] [a] Gabapentin Sandoz [SZ] [a] Nupentin 300 [AF]

gabapentin 800 mg tablet, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4595W	1	5	..	51.05	6.60	[a] APO-Gabapentin [TX] [a] Gabapentin Aspen 800 [RW] [a] Pharmacor Gabapentin 800 [CR]	[a] Gabapentin APOTEX [TY] [a] Neurontin [UJ]

gabapentin 100 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4591P	1	5	..	16.25	6.60	[a] APO-Gabapentin [TX] [a] Gabapentin APOTEX [TY] [a] Neurontin [UJ]	[a] Gabacor [CR] [a] Gabapentin Aspen 100 [RW] [a] Nupentin 100 [AF]

gabapentin 400 mg capsule, 100

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
4593R	1	5	..	30.49	6.60	[a] APO-Gabapentin [TX] [a] Gabapentin APOTEX [TY] [a] Gabapentin generichealth [HQ] [a] Neurontin [UJ]	[a] Gabacor [CR] [a] Gabapentin Aspen 400 [RW] [a] Gabapentin Sandoz [SZ] [a] Nupentin 400 [AF]

PSYCHOLEPTICS

ANXIOLYTICS

Benzodiazepine derivatives

BROMAZEPAM

Note This drug should not be used as the first line of treatment.
Note Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate.
Note Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.

Authority required
Terminal disease
Clinical criteria:
- The treatment must be for the short-term, **AND**
- Patient must be receiving palliative care.

Authority required
Refractory phobic or anxiety states
Clinical criteria:
- The treatment must be for the short-term.

bromazepam 3 mg tablet, 30

4150K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*32.14	6.60	Lexotan [PB]

bromazepam 6 mg tablet, 30

4151L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*37.88	6.60	Lexotan [PB]

HYPNOTICS AND SEDATIVES

Benzodiazepine derivatives

FLUNITRAZEPAM

Note This drug should not be used as the first line of treatment.
Note Other PBS-listed benzodiazepines should have been adequately tried and found to be ineffective or inappropriate.
Note Authorities for increased quantities and/or repeats may be granted to patients with terminal disease, and other patients who have been shown to be dependent on this item by an unsuccessful attempt at gradual withdrawal.

Authority required
Terminal disease
Clinical criteria:
- The treatment must be for the short-term, **AND**
- Patient must be receiving palliative care.

Authority required
Refractory phobic or anxiety states
Clinical criteria:
- The treatment must be for the short-term.

flunitrazepam 1 mg tablet, 30

4216X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	21.96	6.60	Hypnodorm [AF]

Benzodiazepine related drugs

ZOPICLONE

Restricted benefit
Insomnia
Clinical criteria:
- The treatment must be for the short-term.

zopiclone 7.5 mg tablet, 30

4522B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	25.42	6.60	[a] APO-Zopiclone [TX]	[a] Imoclone [RW]
					[a] Imrest [AF]	[a] Pharmacor Zopiclone [CR]
					[a] Zopiclone GH [GQ]	
		..	28.16	6.60	[a] Imovane [SW]	

RPBS

OTHER NERVOUS SYSTEM DRUGS

DRUGS USED IN ADDICTIVE DISORDERS

Drugs used in nicotine dependence

NICOTINE

Note Studies have shown that successful therapy with this drug is enhanced by patient participation in a support and counselling program.

Authority required

Nicotine dependence

Clinical criteria:

- Patient must have indicated they are ready to cease smoking, **AND**
- Patient must have entered a comprehensive support and counselling program.

nicotine 21 mg/24 hours patch, 7

4573Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	2	..	*58.68	6.60	QuitX [AF]

nicotine 14 mg/24 hours patch, 7

4572P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*55.72	6.60	QuitX [AF]

nicotine 7 mg/24 hours patch, 7

4571N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*52.56	6.60	QuitX [AF]

ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS

ANTHELMINTICS

ANTINEMATODAL AGENTS

Benzimidazole derivatives

MEBENDAZOLE

Note Pharmaceutical benefits that have the forms mebendazole 100 mg tablet and mebendazole 100 mg chewable tablet are equivalent for the purposes of substitution.

mebendazole 100 mg tablet, 6

4325P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	18.28	6.60	[a] Pharmacy Action Worm Treatment [GQ]

mebendazole 100 mg chewable tablet, 6

12194T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	18.28	6.60	[a] Trust Deworm [CR]

RESPIRATORY SYSTEM

NASAL PREPARATIONS

DECONGESTANTS AND OTHER NASAL PREPARATIONS FOR TOPICAL USE

Sympathomimetics, plain

OXYMETAZOLINE

oxymetazoline hydrochloride 0.05% nasal spray, 15 mL

4378K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	21.41	6.60	Drixine [BN]

oxymetazoline hydrochloride 0.05% nasal spray, 20 mL

11711J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
‡1	..	..	21.07	6.60	[a] Pharmacy Action Nasal Decongestant [GQ]	[a] Trust Decongestant Nasal Spray [CR]

oxymetazoline hydrochloride 0.05% nasal spray, 18 mL

4379L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	21.07	6.60	Logicin Rapid Relief [AS]

Antiallergic agents, excl. corticosteroids

RPBS

▪ CROMOGLYCATE

sodium cromoglycate 2% nasal spray, 26 mL

4468E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	26.42	6.60	Rynacrom [SW]

Corticosteroids

▪ BUDESONIDE

Restricted benefit

Severe intractable rhinitis

budesonide 64 microgram/actuation nasal spray, 120 actuations

4092J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	42.67	6.60	Budamax Aqueous [JT]

Other nasal preparations

▪ IPRATROPIUM

Restricted benefit

Severe intractable rhinorrhoea

Clinical criteria:

- The condition must be associated with perennial rhinitis, **AND**
- The condition must be unresponsive to insufflated nasal steroids.

ipratropium bromide monohydrate 44 microgram/actuation nasal spray, 180 actuations

4090G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	33.62	6.60	Atrovent Nasal Forte [VZ]

ipratropium bromide monohydrate 22 microgram/actuation nasal spray, 180 actuations

4089F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	5	..	27.47	6.60	Atrovent Nasal Aqueous [VZ]

NASAL DECONGESTANTS FOR SYSTEMIC USE

Sympathomimetics

▪ PSEUDOEPHEDRINE

pseudoephedrine hydrochloride 60 mg tablet, 12

4029C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	15.61	6.60	[a] Pharmacy Action Sinus & Nasal Decongestant Relief [GQ]	[a] Trust Sinus & Nasal Decongestant [CR]

▪ ANTIHISTAMINES FOR SYSTEMIC USE

ANTIHISTAMINES FOR SYSTEMIC USE

Piperazine derivatives

▪ CETIRIZINE

cetirizine hydrochloride 10 mg tablet, 30

4175R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	29.05	6.60	[a] Pharmacy Action Cetrelief [GQ]	[a] Trust Cetirizine [CR]
		..	32.28	6.60	[a] Alzene [AF]	

Other antihistamines for systemic use

▪ FEXOFENADINE

fexofenadine hydrochloride 60 mg tablet, 20

4237B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	..	..	*56.14	6.60	Telfast [SW]

fexofenadine hydrochloride 120 mg tablet, 30

4238C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	28.87	6.60	[a] Pharmacy Action Fexorelief 120 [GQ]	[a] Trust Fexit 120 [CR]
		..	32.08	6.60	[a] Xergic [AF]	
		..	48.29	6.60	[a] Telfast 120 [SW]	

▪ LORATADINE

loratadine 10 mg tablet, 30

4313B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer	Brand Name and Manufacturer
1	..	..	31.48	6.60	[a] Pharmacy Action Lorastyne [GQ] [a] Trust Loratadine Antihistamine [RM]	[a] Trust Loratadine [CR]
		..	35.18	6.60	[a] Allereze [AF]	
		..	44.81	6.60	[a] Lorano [SZ]	
		..	47.08	6.60	[a] Claratyne [BN]	

▪ SENSORY ORGANS

▪ OTOLOGICALS

OTHER OTOLOGICALS

Indifferent preparations

▪ CARBAMIDE PEROXIDE

carbamide peroxide 6.5% ear drops, 12 mL

4176T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	21.56	6.60	Ear Clear for Ear Wax Removal [KY]

▪ DOCUSATE

docusate sodium 0.5% ear drops, 10 mL

4199B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.08	6.60	Waxsol [GO]

▪ ORTHO-DICHLOROBENZENE + PARA-DICHLOROBENZENE + CHLOROBUTANOL + ARACHIS OIL

ortho-dichlorobenzene 14% + para-dichlorobenzene 2% + chlorobutanol hemihydrate 5% + arachis oil 57% ear drops, 10 mL

4180B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.74	6.60	Cerumol [UN]

▪ VARIOUS

▪ ALL OTHER THERAPEUTIC PRODUCTS

ALL OTHER THERAPEUTIC PRODUCTS

Drugs for treatment of hyperkalemia and hyperphosphatemia

▪ SODIUM POLYSTYRENE SULFONATE

sodium polystyrene sulfonate 999.3 mg/g powder, 454 g

4470G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	70.90	6.60	Resonium-A [SW]

▪ GENERAL NUTRIENTS

OTHER NUTRIENTS

Other combinations of nutrients

▪ PROTEIN FORMULA WITH ARGININE, VITAMIN C AND E

Restricted benefit

Stage 2 and above pressure injury

Clinical criteria:

- The treatment must be for special medical purposes to support healing of pressure injuries.

protein formula with arginine, vitamin C and E powder for oral liquid, 14 x 9.2 g sachets

10850C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	5	..	*161.98	6.60	Arginaid [NT]

▪ PROTEIN FORMULA WITH ARGININE, VITAMIN C, E AND ZINC

Restricted benefit

Stage 2 and above pressure injury

Clinical criteria:

- The treatment must be for special medical purposes to support healing of pressure injuries.

protein formula with arginine, vitamin C, E and zinc oral liquid, 27 x 237 mL cartons

10841N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*269.22	6.60	Arginaid Extra [NT]

protein formula with arginine, vitamin C, E and zinc oral liquid, 24 x 200 mL bottles

11401C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	5	..	*205.96	6.60	Cubitan [SB]

ALL OTHER NON-THERAPEUTIC PRODUCTS

ALL OTHER NON-THERAPEUTIC PRODUCTS

LUBRICATING AGENT

lubricating agent gel, 100 g

4306P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	15.49	6.60	Lubri-Gel [PP]

Other non-therapeutic auxiliary products

BANDAGE ABSORBENT WOOL

bandage absorbent wool 10 cm x 3 m bandage, 1

4653X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	24.17	6.60	Surepress 650948 [CC]

BANDAGE CALICO

bandage calico large triangular bandage, 1

4717G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.09	6.60	Handy 36361414 [BV]

BANDAGE COMPRESSION

bandage compression 10 cm x 3.5 m soft bandage [1] (&) bandage compression 10 cm x 6 m short stretch bandage [1], 1 pack

11714M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	38.67	6.60	Rosidal TCS 26484 [LC]

BANDAGE COMPRESSION

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

bandage compression two layer bandage, 1

12592R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	51.77	6.60	Putter Pro 2 931685 [HR]

BANDAGE COMPRESSION

Note Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

bandage compression 10 cm x 3 m high stretch bandage, 1

4748X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*72.53	6.60	Surepress 650947 [CC]
		..	*152.78	6.60	Tensopress 71723-00 [BV]

bandage compression 8 cm x 2.6 m short stretch bandage, 1

4654Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*77.88	6.60	Comprilan 01027-00 [BV]

BANDAGE COMPRESSION

Note Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

bandage compression four layer bandage, 1

4598B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*190.83	6.60	Profore Lite 66050415 [SN]

bandage compression four layer bandage, 1

4658E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*285.28	6.60	Profore 66050016 [SN]

▪ BANDAGE COMPRESSION

Note Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

Note Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

bandage compression 10 cm x 3.5 m high stretch bandage, 1

4657D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
5	..	..	*77.68	6.60	Setopress 3505 [MH]

▪ BANDAGE COMPRESSION

Note Treatment of varices and oedema associated with venous disease and lymphoedema; contraindicated in arterial disease.

Note Bandage can be left in situ for up to 7 days as per manufacturer's instructions.

Restricted benefit

Venous ulcer

Treatment Phase: Initial treatment

Restricted benefit

Venous ulcer

Treatment Phase: Continuing treatment

bandage compression two layer bandage, 1

4050E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	43.84	6.60	Coban 2 [MM]

▪ BANDAGE RETENTION COHESIVE HEAVY

bandage retention cohesive heavy 7.5 cm x 1.3 m bandage, 1

4812G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*21.54	6.60	Peg 7422 [MM]

bandage retention cohesive heavy 10 cm x 2 m bandage, 1

4660G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*23.34	6.60	Coban 1584 [MM]

bandage retention cohesive heavy 10 cm x 1.3 m bandage, 1

4813H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*24.82	6.60	Peg 7423 [MM]

bandage retention cohesive heavy 15 cm x 1.3 m bandage, 1

4814J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*31.00	6.60	Peg 7425 [MM]

bandage retention cohesive heavy 5 cm x 1.3 m bandage, 1

4811F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*18.68	6.60	Peg 7420 [MM]

▪ BANDAGE RETENTION COHESIVE LIGHT

bandage retention cohesive light 2.5 cm x 2 m bandage, 2

4718H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.22	6.60	Handygauze Cohesive 8631 [BV]

bandage retention cohesive light 10 cm x 2 m bandage, 1

4662J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*34.46	6.60	Handygauze Cohesive 8635 [BV]

bandage retention cohesive light 6 cm x 2 m bandage, 1

4719J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*20.60	6.60	Handygauze Cohesive 8633 [BV]

▪ BANDAGE RETENTION COTTON CREPE

bandage retention cotton crepe 7.5 cm x 2.3 m bandage, 1

4728W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*25.82	6.60	Telfa 8253F [KE]
		..	*28.86	6.60	Tensocrepe 36307501 [BV]

bandage retention cotton crepe 10 cm x 2.3 m bandage, 1

4729X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*28.56	6.60	Telfa 8254F [KE]
		..	*34.00	6.60	Tensocrepe 36301001 [BV]

bandage retention cotton crepe 5 cm x 2.3 m bandage, 1

4727T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*21.64	6.60	Telfa 8252F [KE]
		..	*24.30	6.60	Tensocrepe 36300501 [BV]

▪ BANDAGE TUBULAR

bandage tubular size E (35 cm to 45 cm) straight bandage, 1

4665M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.88	6.60	Elastoplast 2227 [BE]

bandage tubular size D (25 cm to 43 cm) straight bandage, 1

4664L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.88	6.60	Elastoplast 2226 [BE]

bandage tubular size C (15 cm to 25 cm) straight bandage, 1

4663K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.88	6.60	Elastoplast 2225 [BE]

▪ BANDAGE TUBULAR

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bandage tubular 8.75 cm x 1 m bandage, 1

4858Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.52	6.60	Tubigrip E 1547 [MH]

bandage tubular 10 cm x 1 m bandage, 1

4859R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.52	6.60	Tubigrip F 1548 [MH]

bandage tubular 6.75 cm x 1 m bandage, 1

4856N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.52	6.60	Tubigrip C 1545 [MH]

bandage tubular 7.5 cm x 1 m bandage, 1

4857P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.52	6.60	Tubigrip D 1546 [MH]

bandage tubular 6.25 cm x 1 m bandage, 1

4855M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.52	6.60	Tubigrip B 1520 [MH]

▪ BANDAGE TUBULAR FINGER

BANDAGE-TUBULAR (FINGER) Complete pack including applicator, 1

4798M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	21.95	6.60	Tubegauz 0501633 [SS]

▪ BANDAGE TUBULAR LIGHT WEIGHT

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bandage tubular light weight 10 m small limb size bandage, 1

4671W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	26.29	6.60	Tubifast 2434 [MH]

bandage tubular light weight 10 m large limb size bandage, 1

4673Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	30.96	6.60	Tubifast 2438 [MH]

bandage tubular light weight 10 m medium limb size bandage, 1

4672X	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	29.73	6.60	Tubifast 2436 [MH]

▪ BANDAGE TUBULAR LONG STOCKING

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bandage tubular long stocking XX/large size bandage, 1

4675C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*38.80	6.60	Tubigrip 1486 [MH]

bandage tubular long stocking medium size bandage, 1

4797L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*38.78	6.60	Tubigrip 1483 [MH]

bandage tubular long stocking small size bandage, 1

4674B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*38.78	6.60	Tubigrip 1482 [MH]

bandage tubular long stocking large size bandage, 1

4799N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*38.78	6.60	Tubigrip 1484 [MH]

▪ BANDAGE TUBULAR SHORT STOCKING

Note Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

bandage tubular short stocking large D/E size bandage, 1

4816L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*28.56	6.60	Tubigrip 1481 [MH]

bandage tubular short stocking medium C/D size bandage, 1

4815K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*28.56	6.60	Tubigrip 1480 [MH]

bandage tubular short stocking small B/C size bandage, 1

4661H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*28.56	6.60	Tubigrip 1479 [MH]

▪ BANDAGE ZINC PASTE

Note Used as an adjunct in the management of leg ulceration and associated eczema and skin conditions.

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bandage zinc paste 7.5 cm x 6 m bandage, 1

4669R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	3	..	*32.28	6.60	Steripaste 3610 [MH]

▪ BANDAGE ZINC PASTE

Note Used as an adjunct in the management of leg ulceration and associated eczema and skin conditions.

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma & Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler

cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS pricing from distributors other than those aforementioned.

bandage zinc paste 80 cm (stockings) bandage, 4

4760M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	108.41	6.60	ZipZoc 66000747 [SN]

bandage zinc paste 7.5 cm x 6 m bandage, 1

4750B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	3	..	*94.56	6.60	Viscopaste 4948 [SN]

▪ BETAINE + POLYAMINOPROPYL BIGUANIDE

betaine 0.1% + polyaminopropyl biguanide 0.1% solution, 6 x 40 mL ampoules

2525X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	29.69	6.60	Prontosan Wound Irrigation Solution [BR]

▪ CADEXOMER-IODINE

Note Suitable for yellow sloughy infected and malodorous wounds.

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

cadexomer-iodine 50% ointment, 2 x 20 g

4933P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	134.21	6.60	Iodosorb Ointment 66051230 [SN]

cadexomer-iodine 10 cm x 8 cm dressing, 2 x 17 g sheet

4937W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	195.52	6.60	Iodosorb 66051360 [SN]

cadexomer-iodine 3 g powder, 7 sachets

4931M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	85.03	6.60	Iodosorb Powder 66051070 [SN]

cadexomer-iodine 6 cm x 4 cm dressing, 5 x 5 g sheet

4935R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	127.98	6.60	Iodosorb 66051330 [SN]

cadexomer-iodine 8 cm x 6 cm dressing, 3 x 10 g sheet

4936T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	185.50	6.60	Iodosorb 66051340 [SN]

cadexomer-iodine 50% ointment, 4 x 10 g

4932N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	135.51	6.60	Iodosorb Ointment 66051240 [SN]

▪ DRESSING ACTIVATED CHARCOAL MALODOROUS WOUND

dressing activated charcoal malodorous wound 10 cm x 10 cm dressing, 10

4742N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	78.04	6.60	CarboFLEX 403202 [CC]

dressing activated charcoal malodorous wound 15 cm x 20 cm dressing, 5

4743P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	87.94	6.60	CarboFLEX 403204 [CC]

dressing activated charcoal malodorous wound 10.5 cm x 10.5 cm dressing, 1

4681J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*97.98	6.60	Actisorb Plus MAP105 [KI]

▪ DRESSING ALGINATE CAVITY WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

dressing alginate cavity wound 2 g rope, 5 x 2 g

1905G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*111.02	6.60	Kaltostat 168117 [CC]

dressing alginate cavity wound 2 g rope, 1

4832H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*105.48	6.60	Sorbsan 1411 [UM]

▪ DRESSING ALGINATE CAVITY WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing alginate cavity wound 2 g (40 cm) rope, 6 x 2 g

4682K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*132.40	6.60	Comfeel SeaSorb Filler 3740 [CT]

▪ DRESSING ALGINATE SUPERFICIAL WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

dressing alginate superficial wound 7.5 cm x 12 cm dressing, 10

4683L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	89.04	6.60	Kaltostat 168212 [CC]

▪ DRESSING ALGINATE SUPERFICIAL WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing alginate superficial wound 15 cm x 20 cm dressing, 10

4691X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	306.05	6.60	Algisite M 66000521 [SN]

dressing alginate superficial wound 5 cm x 5 cm dressing, 10

4699H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	50.56	6.60	Kaltostat 168210 [CC]
		..	66.38	6.60	Algisite M 66000519 [SN]

dressing alginate superficial wound 10 cm x 10 cm dressing, 10

4700J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	125.23	6.60	Algisite M 66000520 [SN]

▪ DRESSING ALGINATE SUPERFICIAL WOUND

Note This dressing should be used only on moderately to heavily exuding wounds and should remain in place until saturated or for a maximum of 3 days.

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing alginate superficial wound 10 cm x 10 cm dressing, 1

4831G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	1	..	*82.98	6.60	Sorbsan 1410 [UM]
		..	*88.18	6.60	Comfeel SeaSorb Dressing 3710 [CT]

dressing alginate superficial wound 5 cm x 5 cm dressing, 1

4684M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	1	..	*48.08	6.60	Comfeel SeaSorb Dressing 3705 [CT]

▪ DRESSING ALGINATE WITH MANUKA HONEY

Note Suitable for yellow sloughy infected and malodorous wounds.

dressing alginate with manuka honey 2.5 cm x 20 cm ribbon, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10857K	‡1	4	..	81.84	6.60	Algivon Plus Ribbon & Probe CR4231 [DJ]

dressing alginate with manuka honey 10 cm x 10 cm dressing, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10849B	‡1	4	..	70.14	6.60	Algivon Plus CR4225 [DJ]

▪ DRESSING ALGINATE WITH SILVER CAVITY WOUND

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing alginate with silver cavity wound 3 cm x 44 cm medicated dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12765W	‡1	..	..	400.18	6.60	Melgisorb Ag 256605 [MH]

▪ DRESSING ALGINATE WITH SILVER DEEP WOUND

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing alginate with silver deep wound 10 cm x 10 cm medicated dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12801R	‡1	..	..	236.03	6.60	Melgisorb Ag 256105 [MH]

dressing alginate with silver deep wound 5 cm x 5 cm medicated dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
12772F	‡1	..	..	135.44	6.60	Melgisorb Ag 256055 [MH]

▪ DRESSING FILM

dressing film 15 cm x 20 cm dressing, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4688R	6	..	..	*33.16	6.60	Tegaderm Transparent 1628 [MM]

dressing film 10 cm x 12 cm dressing, 4

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4687Q	‡1	..	..	23.58	6.60	Nexcare Tegaderm Transparent H1626 [MM]

dressing film 6 cm x 7 cm dressing, 8

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4686P	‡1	..	..	20.10	6.60	Nexcare Tegaderm Transparent H1624 [MM]

▪ DRESSING FILM

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing film 10 cm x 12 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4893M	‡1	..	..	42.17	6.60	Op-Site Flexigrid 4629 [SN]

▪ DRESSING FILM ISLAND

dressing film island 5 cm x 7 cm dressing, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4689T	10	..	..	*20.58	6.60	Tegaderm Transparent Island 3582 [MM]

dressing film island 9 cm x 10 cm dressing, 1

4690W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	10	..	..	*30.58	6.60	Tegaderm Transparent Island 3586 [MM]

▪ DRESSING FILM ISLAND

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dressing film island 8 cm x 10 cm dressing, 5

4899W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*51.16	6.60	Cutifilm Plus 36361371 [SN]

dressing film island 5 cm x 7.2 cm dressing, 5

4898T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	..	..	*34.18	6.60	Cutifilm Plus 36361370 [SN]

▪ DRESSING FOAM HEAVY EXUDATE

dressing foam heavy exudate 10 cm x 13 cm dressing, 50

12798N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	56.70	6.60	Mesorb 677001 [MH]

dressing foam heavy exudate 10 cm x 23 cm dressing, 50

12793H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	77.13	6.60	Mesorb 677401 [MH]

dressing foam heavy exudate 12.5 cm x 12.5 cm dressing, 10

12807C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	32.83	6.60	Mextra Superabsorbent 610000 [MH]

dressing foam heavy exudate 23 cm x 25 cm dressing, 30

12781Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	100.14	6.60	Mesorb 677701 [MH]

dressing foam heavy exudate 22.5 cm x 32.5 cm dressing, 10

12783T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	89.49	6.60	Mextra Superabsorbent 610500 [MH]

dressing foam heavy exudate 17.5 cm x 22.5 cm dressing, 10

12788C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	51.86	6.60	Mextra Superabsorbent 610300 [MH]

▪ DRESSING FOAM HEAVY EXUDATE

Restricted benefit

Wounds

Clinical criteria:

- Patient must have a wound with highly viscous exudate.

dressing foam heavy exudate 5 cm x 5 cm dressing, 5

12797M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	36.86	6.60	Mepilex XT 211015 [MH]

dressing foam heavy exudate 20 cm x 20 cm dressing, 5

12776K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	130.48	6.60	Mepilex XT 211400 [MH]

dressing foam heavy exudate 10 cm x 10 cm dressing, 5

12760N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	42.88	6.60	Mepilex XT 211100 [MH]

▪ DRESSING FOAM HEAVY EXUDATE

Note This dressing should remain in place until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound.

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dressing foam heavy exudate 10 cm x 10 cm dressing, 10

4795J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	158.24	6.60	Allevyn 66007637 [SN]

▪ DRESSING FOAM MODERATE EXUDATE

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dressing foam moderate exudate cavity conforming foam, 20 g sachet

4694C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	1	..	99.91	6.60	Cavicare 4563 [SN]

▪ DRESSING FOAM MODERATE EXUDATE

Note This dressing should remain in place until saturated or up to a maximum of 7 days. Allow a minimum of 2 cm to 3 cm in excess of the wound size of the dressing around the wound.

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dressing foam moderate exudate 12.5 cm x 12.5 cm dressing, 10

4590N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	157.09	6.60	Allevyn Adhesive 66000044 [SN]

▪ DRESSING FOAM WITH SILICONE

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dressing foam with silicone 12.9 cm x 12.9 cm dressing, 10

10029W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	93.49	6.60	Allevyn Life 66801068 [SN]

dressing foam with silicone 21 cm x 21 cm dressing, 10

10021K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	260.05	6.60	Allevyn Life 66801070 [SN]

dressing foam with silicone 10.3 cm x 10.3 cm dressing, 10

10017F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	66.33	6.60	Allevyn Life 66801067 [SN]

dressing foam with silicone 15.4 cm x 15.4 cm dressing, 10

10023M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	128.90	6.60	Allevyn Life 66801069 [SN]

dressing foam with silicone 10.5 cm x 10.5 cm dressing, 10

11384E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	66.33	6.60	Allevyn Life Non-Bordered 66801748 [SN]

dressing foam with silicone 16 cm x 16 cm dressing, 10

11393P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	113.48	6.60	Allevyn Life Non-Bordered 66801749 [SN]

▪ DRESSING FOAM WITH SILICONE AND SILVER

Note Molnlycke Health Care products are distributed through leading pharmacy distributors. To best ensure product availability at the RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email: customerservice@independenceaustralia.com. Molnlycke Health Care is not able to ensure product availability or pricing on listed products beyond these two suppliers.

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing foam with silicone and silver 10 cm x 10 cm dressing, 5

2439J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	105.61	6.60	Mepilex Ag [MH]

dressing foam with silicone and silver 10 cm x 10 cm dressing, 5

2470B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	112.69	6.60	Mepilex Border Ag [MH]

▪ DRESSING FOAM WITH SILICONE HEAVY EXUDATE

dressing foam with silicone heavy exudate 15 cm x 20 cm dressing, 10

12185H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	178.01	6.60	Mepilex Border Flex 595611 [MH]

dressing foam with silicone heavy exudate 16 cm x 20 cm dressing, 5

12216Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	84.17	6.60	Mepilex Border Sacrum 282050 [MH]

dressing foam with silicone heavy exudate 22 cm x 23 cm dressing, 6

12195W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	167.61	6.60	Mepilex Border Heel 282750 [MH]

dressing foam with silicone heavy exudate 10 cm x 10 cm dressing, 10

12206K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	71.11	6.60	Mepilex Border Flex 595311 [MH]

dressing foam with silicone heavy exudate 7.5 cm x 7.5 cm dressing, 10

12184G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	53.05	6.60	Mepilex Border Flex 595211 [MH]

dressing foam with silicone heavy exudate 22 cm x 25 cm dressing, 5

12207L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	127.88	6.60	Mepilex Border Sacrum 282450 [MH]

▪ DRESSING FOAM WITH SILICONE HEAVY EXUDATE

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dressing foam with silicone heavy exudate 10 cm x 10 cm dressing, 10

4196W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	86.22	6.60	Allevyn Gentle 66800248 [SN]

dressing foam with silicone heavy exudate 10 cm x 10 cm dressing, 10

4230P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	88.15	6.60	Allevyn Gentle Border 66800270 [SN]

dressing foam with silicone heavy exudate 7.5 cm x 7.5 cm dressing, 10

4207K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	62.80	6.60	Allevyn Gentle Border 66800269 [SN]

▪ DRESSING FOAM WITH SILICONE LIGHT EXUDATE

dressing foam with silicone light exudate 10 cm x 10 cm dressing, 5

12804X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	39.07	6.60	Mepilex Border Lite 281300 [MH]

dressing foam with silicone light exudate 5 cm x 12.5 cm dressing, 5

12774H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	32.08	6.60	Mepilex Border Lite 281100 [MH]

dressing foam with silicone light exudate 4 cm x 5 cm dressing, 10

12780P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	29.50	6.60	Mepilex Border Lite 281000 [MH]

▪ DRESSING FOAM WITH SILICONE LIGHT EXUDATE

Note Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.

dressing foam with silicone light exudate 6 cm x 8.5 cm dressing, 5

4644K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	30.90	6.60	Mepilex Lite 284000 [MH]

dressing foam with silicone light exudate 10 cm x 10 cm dressing, 5

4645L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	39.72	6.60	Mepilex Lite 284100 [MH]

▪ DRESSING FOAM WITH SILICONE MODERATE EXUDATE

dressing foam with silicone moderate exudate 5 cm x 12.5 cm dressing, 5

12782R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	30.36	6.60	Mepilex Border Flex Lite 581100 [MH]

dressing foam with silicone moderate exudate 10 cm x 10 cm dressing, 5

12799P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	36.97	6.60	Mepilex Border Flex Lite 581300 [MH]

dressing foam with silicone moderate exudate 4 cm x 5 cm dressing, 10

12777L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	27.67	6.60	Mepilex Border Flex Lite 581011 [MH]

▪ DRESSING FOAM WITH SILICONE MODERATE EXUDATE

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dressing foam with silicone moderate exudate 10 cm x 10 cm dressing, 5

4626L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	43.84	6.60	Mepilex 294100 [MH]

▪ DRESSING FOAM WITH SILVER

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing foam with silver 10 cm x 10 cm dressing, 10

4255Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	240.67	6.60	Allevyn Ag Adhesive 66800075 [SN]

dressing foam with silver 10 cm x 10 cm dressing, 10

4259E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	245.30	6.60	Allevyn Ag Non-Adhesive 66800086 [SN]

dressing foam with silver 10 cm x 10 cm dressing, 10

4266M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	240.67	6.60	Allevyn Ag Gentle Border 66800461 [SN]

dressing foam with silver 7.5 cm x 7.5 cm dressing, 10

4252T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	161.66	6.60	Allevyn Ag Adhesive 66800073 [SN]

dressing foam with silver 7.5 cm x 7.5 cm dressing, 10

4263J	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	161.66	6.60	Allevyn Ag Gentle Border 66800460 [SN]

dressing foam with silver 12.5 cm x 12.5 cm dressing, 10

4258D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	299.10	6.60	Allevyn Ag Adhesive 66800078 [SN]

dressing foam with silver 12.5 cm x 12.5 cm dressing, 10

4270R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	299.10	6.60	Allevyn Ag Gentle Border 66800462 [SN]

▪ DRESSING GAUZE

dressing gauze eye pad, 12 pads

4768Y	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	17.67	6.60	Curity 4112 [KE]

▪ DRESSING GAUZE ABSORBENT

dressing gauze absorbent 5 cm x 5 cm pad, 100

4707R	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	19.68	6.60	Handy 71117-05 [BV]

dressing gauze absorbent 10 cm x 10 cm pad, 100

4708T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	33.41	6.60	Handy 71117-06 [BV]

▪ DRESSING GAUZE PARAFFIN

Note Smith & Nephew products are distributed via the three major wholesalers, API, Sigma and Symbion. To best ensure product availability at RPBS agreed prices, please order from one of these suppliers. In the event that your preferred wholesaler cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing gauze paraffin 10 cm x 10 cm dressing, 10

4759L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	27.90	6.60	Jelonet 7404 [SN]

▪ DRESSING GAUZE PARAFFIN WITH CHLORHEXIDINE ACETATE

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dressing gauze paraffin with chlorhexidine acetate 10 cm x 10 cm dressing, 10

4845B	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	2	..	35.67	6.60	Bactigras 7457 [SN]

▪ DRESSING GELLING FIBRE

dressing gelling fibre 1 cm x 45 cm dressing, 5

12213T	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	52.08	6.60	Exufiber 709908 [MH]

dressing gelling fibre 5 cm x 5 cm dressing, 10

12187K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	40.79	6.60	Exufiber 709900 [MH]

dressing gelling fibre 10 cm x 10 cm dressing, 10

12181D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	75.19	6.60	Exufiber 709901 [MH]

dressing gelling fibre 15 cm x 15 cm dressing, 10

12202F	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	158.47	6.60	Exufiber 709903 [MH]

dressing gelling fibre 2 cm x 45 cm dressing, 5

12182E	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	52.08	6.60	Exufiber 709909 [MH]

▪ DRESSING GELLING FIBRE

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dressing gelling fibre 10 cm x 10 cm dressing, 10

2486W	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	..	113.66	6.60	Durafiber 66800560 [SN]

dressing gelling fibre 2 cm x 45 cm rope, 5

2462N	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	1	..	97.88	6.60	Durafiber 66800563 [SN]

dressing gelling fibre 15 cm x 15 cm dressing, 5

2445Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	2	1	..	*237.18	6.60	Durafiber 66800561 [SN]

▪ DRESSING HYDROACTIVE DEBRIDEMENT

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing hydroactive debridement 5.5 cm dressing, 10

12629Q	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	147.21	6.60	HydroClean Plus 609606 [HR]

dressing hydroactive debridement 5.5 cm dressing, 10

4948K	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	85.27	6.60	TenderWet Active Cavity 609272 [HR]

dressing hydroactive debridement 7.5 cm x 7.5 cm dressing, 10

12660H	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	196.26	6.60	HydroClean Plus 609608 [HR]

dressing hydroactive debridement 7.5 cm x 7.5 cm dressing, 10

4950M	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	111.01	6.60	TenderWet 24 Active 609213 [HR]

dressing hydroactive debridement 4 cm dressing, 10

12636C	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	92.00	6.60	HydroClean Plus Cavity 609622 [HR]

dressing hydroactive debridement 4 cm dressing, 10

12637D	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	88.17	6.60	HydroClean Plus 609602 [HR]

dressing hydroactive debridement 4 cm dressing, 10

4949L	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
	‡1	..	..	83.41	6.60	TenderWet 24 Active 609210 [HR]

▪ DRESSING HYDROACTIVE SUPERFICIAL WOUND HIGH EXUDATE SEMI-PERMEABLE ABSORBENT FOAM

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 11 cm x 11 cm dressing: island, 10 dressings

4695D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	107.37	6.60	Tielle MTL101E [KI]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 18 cm x 18 cm dressing: island, 5 dressings

4696E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	130.61	6.60	Tielle MTL103 [KI]

▪ DRESSING HYDROACTIVE SUPERFICIAL WOUND HIGH EXUDATE SEMI-PERMEABLE ABSORBENT FOAM

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 15 cm x 15 cm waterproof pad, 5

4928J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	84.83	6.60	Biatain Non-adhesive 3413 [CT]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 18 cm x 18 cm waterproof pad, 5

4930L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	91.53	6.60	Biatain Adhesive 3423 [CT]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 12 cm x 12 cm waterproof pad, 10

4929K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	94.38	6.60	Biatain Adhesive 3420 [CT]

dressing hydroactive superficial wound high exudate semi-permeable absorbent foam 10 cm x 10 cm waterproof pad, 10

4927H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	86.18	6.60	Biatain Non-adhesive 3410 [CT]

▪ DRESSING HYDROACTIVE SUPERFICIAL WOUND LIGHT EXUDATE

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dressing hydroactive superficial wound light exudate 10 cm x 10 cm dressing, 5

4906F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*135.24	6.60	Allevyn Thin 66047578 [SN]

dressing hydroactive superficial wound light exudate 5 cm x 6 cm dressing, 10

4905E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	75.26	6.60	Allevyn Thin 66047576 [SN]

▪ DRESSING HYDROACTIVE SUPERFICIAL WOUND MODERATE EXUDATE

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dressing hydroactive superficial wound moderate exudate 10 cm x 10 cm dressing, 5

4886E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*99.10	6.60	Cutinova Hydro 66047443 [SN]

dressing hydroactive superficial wound moderate exudate 5 cm x 6 cm dressing, 10

4885D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	60.56	6.60	Cutinova Hydro 66047441 [SN]

▪ DRESSING HYDROCOLLOID CAVITY WOUND

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

dressing hydrocolloid cavity wound paste, 30 g

4896Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	..	..	*139.48	6.60	DuoDERM Paste 187930 [CC]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND LIGHT EXUDATE

Note This dressing should be applied to a thickness of 3 mm to 5 mm. It should be covered with a hydrocolloid dressing and may be left in place for up to 7 days.

dressing hydrocolloid superficial wound light exudate 10 cm x 10 cm dressing, 10

4907G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	71.44	6.60	DuoDERM Extra Thin 187955 [CC]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND LIGHT EXUDATE

Note This dressing should be applied to a thickness of 3 mm to 5 mm. It should be covered with a hydrocolloid dressing and may be left in place for up to 7 days.

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

dressing hydrocolloid superficial wound light exudate 5 cm x 7 cm dressing, 10

4888G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	42.88	6.60	Comfeel Plus Transparent 3530 [CT]

dressing hydrocolloid superficial wound light exudate 9 cm x 14 cm dressing, 10

4889H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	83.08	6.60	Comfeel Plus Transparent 3536 [CT]

dressing hydrocolloid superficial wound light exudate 10 cm x 10 cm dressing, 10

4924E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	69.68	6.60	Comfeel Plus Transparent 3533 [CT]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND LIGHT EXUDATE

Note This dressing should be applied to a thickness of 3 mm to 5 mm. It should be covered with a hydrocolloid dressing and may be left in place for up to 7 days.

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dressing hydrocolloid superficial wound light exudate 10 cm x 10 cm dressing, 10

4947J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	49.31	6.60	Hydrocoll Thin 900758 [HR]

RPBS

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND MODERATE EXUDATE

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

dressing hydrocolloid superficial wound moderate exudate 10 cm x 10 cm dressing, 5

4897R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*80.24	6.60	DuoDERM CGF 187660 [CC]

dressing hydrocolloid superficial wound moderate exudate 20 cm x 20 cm dressing, 5

4920Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	1	..	*214.88	6.60	DuoDERM CGF 187662 [CC]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND MODERATE EXUDATE

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

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cannot supply, please contact Smith & Nephew Customer Service on 13 13 60. Smith & Nephew cannot ensure RPBS agreed pricing from distributors other than those aforementioned.

dressing hydrocolloid superficial wound moderate exudate 10 cm x 10 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4921B	‡1	1	..	102.44	6.60	Replicare Ultra 66000434 [SN]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND MODERATE EXUDATE

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

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dressing hydrocolloid superficial wound moderate exudate 10 cm x 10 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4945G	‡1	1	..	49.31	6.60	Hydrocoll 900744 [HR]

dressing hydrocolloid superficial wound moderate exudate 15 cm x 15 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4946H	‡1	1	..	87.98	6.60	Hydrocoll 900936 [HR]

▪ DRESSING HYDROCOLLOID SUPERFICIAL WOUND MODERATE EXUDATE

Note This dressing should remain in place until saturated or strike through occurs for a maximum of 7 days.

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dressing hydrocolloid superficial wound moderate exudate 7cm (butterfly shape) dressing, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4678F	5	..	..	*56.33	6.60	Comfeel Plus Pressure Relieving 3350 [CT]

DRESSING-HYDROCOLLOID (SUPERFICIAL WOUND-MODERATE EXUDATE) Dressings with alginate 10 cm x 10 cm, 10, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4923D	‡1	1	..	80.79	6.60	Comfeel Plus Ulcer Dressing 3110 [CT]

dressing hydrocolloid superficial wound moderate exudate 10cm (round) dressing, 1

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4679G	5	..	..	*60.43	6.60	Comfeel Plus Pressure Relieving 3353 [CT]

▪ DRESSING HYDROFIBRE ALTERNATE TO ALGINATES

dressing hydrofibre alternate to alginates 10 cm x 10 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10837J	‡1	..	..	121.65	6.60	Aquacel Foam Non-Adhesive [CC]

dressing hydrofibre alternate to alginates 10 cm x 10 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2797F	‡1	1	..	98.04	6.60	Aquacel Extra 420672 [CC]

dressing hydrofibre alternate to alginates 2 cm x 45 cm ribbon, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4698G	‡1	1	..	82.34	6.60	Aquacel 403770 [CC]

dressing hydrofibre alternate to alginates 15 cm x 15 cm dressing, 5

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2803M	2	1	..	*200.58	6.60	Aquacel Extra 420673 [CC]

dressing hydrofibre alternate to alginates 12.5 cm x 12.5 cm dressing, 10

	Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10832D	‡1	..	..	118.00	6.60	Aquacel Foam Adhesive [CC]

▪ DRESSING HYDROFIBRE WITH SILVER

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing hydrofibre with silver 2 cm x 45 cm ribbon, 5

10105W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	217.10	6.60	Aquacel Ag 403771 [CC]

dressing hydrofibre with silver 10 cm x 10 cm dressing, 10

10097K

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	256.60	6.60	Aquacel Ag 403708 [CC]

dressing hydrofibre with silver 15 cm x 15 cm dressing, 5

10098L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	274.50	6.60	Aquacel Ag 403710 [CC]

▪ DRESSING HYDROGEL

dressing hydrogel 10 cm x 10 cm dressing, 20

2471C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	185.45	6.60	Sorbact Absorption Dressing S98222 [BV]

dressing hydrogel 10 cm x 10 cm dressing, 5

11709G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	30.63	6.60	Suprasorb G 33631 [LC]

dressing hydrogel 7.5 cm x 15 cm dressing, 10

11395R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	114.33	6.60	Sorbact Gel Dressing S98137 [BV]

▪ DRESSING HYDROGEL

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dressing hydrogel 12.5 cm x 12.5 cm dressing, 5

12659G

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	42.29	6.60	Hydrosorb Comfort 900723 [HR]

▪ DRESSING HYDROGEL AMORPHOUS

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

dressing hydrogel amorphous gel, 3 x 30 g

4913N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	1	..	*94.51	6.60	DuoDERM Gel H7987 [CC]

dressing hydrogel amorphous gel, 50 g

4914P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	3	..	*35.29	6.60	Solugel 10336 [JJ]

▪ DRESSING HYDROGEL AMORPHOUS

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

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dressing hydrogel amorphous gel, 10 x 15 g

4912M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	1	..	64.86	6.60	DuoDERM Gel 187990 [CC]
		..	71.78	6.60	Comfeel Purilon Gel 3900 [CT]

▪ DRESSING HYDROGEL AMORPHOUS

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

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dressing hydrogel amorphous gel, 25 g

4894N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
4	3	..	*80.38	6.60	Intrasite Gel 7313 [SN]

dressing hydrogel amorphous gel, 50 g

4599C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
3	3	..	*39.10	6.60	SoloSite Gel 36361338 [SN]

▪ DRESSING HYDROGEL FOAM

dressing hydrogel foam 10 cm x 10 cm dressing, 10

2533H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	125.63	6.60	Sorbact Foam Dressing S98310 [BV]

▪ DRESSING HYDROGEL RIBBON

dressing hydrogel ribbon 5 cm x 200 cm dressing, 10

2529D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	185.45	6.60	Sorbact Ribbon Gauze S98120 [BV]

dressing hydrogel ribbon 1 cm x 50 cm dressing, 20

2512F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
1	..	..	187.71	6.60	Sorbact Ribbon Gauze S98118 [BV]

▪ DRESSING HYDROGEL SHEET

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

dressing hydrogel sheet 9.5 cm x 10.2 cm dressing, 5

4911L

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*81.88	6.60	Nu-Gel 2497 [KI]

▪ DRESSING HYDROGEL SHEET

Note This dressing should be applied to a thickness of 3 mm to 5 mm and remain in situ in infected wounds for 24 hours and in clean wounds for up to 3 days. It should be covered with a secondary dressing such as foam or film. It should not be covered with gauze or combine.

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dressing hydrogel sheet 10 cm x 10 cm dressing, 5

4806Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*54.44	6.60	Hydrosorb 900854 [HR]

▪ DRESSING HYDROPHOBIC

dressing hydrophobic 10 cm x 10 cm dressing, 10

11392N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	199.00	6.60	Sorbact Foam Gentle Border 98532 [BV]

dressing hydrophobic 10 cm x 10 cm dressing, 10

11402D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	90.03	6.60	Sorbact Superabsorbent 98501 [BV]

dressing hydrophobic 15 cm x 15 cm dressing, 10

11394Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	311.90	6.60	Sorbact Foam Gentle Border 98533 [BV]

dressing hydrophobic 20 cm x 20 cm dressing, 10

11403E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	244.16	6.60	Sorbact Superabsorbent 98503 [BV]

dressing hydrophobic 15 cm x 15 cm foam dressing, 10

11404F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	204.65	6.60	Sorbact Foam Dressing S98315 [BV]

▪ DRESSING NON ADHERENT

Note Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.

DRESSING SELF ADHESIVE NON-ADHERENT DRY ABSORBENT Dressings, non-woven, with silicone 7.5 cm x 10 cm, 10, 1

4244J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	104.08	6.60	Mepitel 290710 [MH]

DRESSING SELF ADHESIVE NON-ADHERENT DRY ABSORBENT Dressings, non-woven, with silicone 5 cm x 7.5 cm, 10, 1

4243H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	64.08	6.60	Mepitel 290510 [MH]

▪ DRESSING NON ADHERENT

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dressing non adherent 7.5 cm x 10 cm dressing, 10

4944F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	19.75	6.60	Atrauman 499513 [HR]

▪ DRESSING NON ADHERENT

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dressing non adherent 10 cm x 10 cm dressing, 10

4861W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	42.09	6.60	Melolin 66974933 [SN]

dressing non adherent 5 cm x 5 cm dressing, 5

4819P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*21.18	6.60	Cutilin Non-Stick Wound Pad 36361374 [SN]

dressing non adherent 5 cm x 5 cm dressing, 5

4860T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*22.70	6.60	Melolin 36361357 [SN]

dressing non adherent 10 cm x 10 cm dressing, 5

4862X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
2	..	..	*30.56	6.60	Cutilin Non-Stick Wound Pad 36361375 [SN]

▪ DRESSING NON-ADHERENT ABSORBENT

dressing non-adherent absorbent 22 cm x 32 cm hydroactive dressing, 10

11718R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	49.71	6.60	Vliwasorb Pro 32644 [LC]

dressing non-adherent absorbent 12.5 cm x 12.5 cm hydroactive dressing, 10

11717Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	26.27	6.60	Vliwasorb Pro 32641 [LC]

dressing non-adherent absorbent 22 cm x 22 cm hydroactive dressing, 10

11715N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	37.13	6.60	Vliwasorb Pro 32643 [LC]

▪ DRESSING NON-ADHERENT ABSORBENT

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing non-adherent absorbent 20 cm x 40 cm hydroactive dressing, 10

12599D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	96.12	6.60	Zetuvit Plus 413715 [HR]

dressing non-adherent absorbent 10 cm x 10 cm hydroactive dressing, 10

12600E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	37.94	6.60	Zetuvit Plus 413710 [HR]

dressing non-adherent absorbent 10 cm x 20 cm hydroactive dressing, 10

12593T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	44.40	6.60	Zetuvit Plus 413711 [HR]

▪ DRESSING NON-ADHERENT WITH SILICONE

dressing non-adherent with silicone 5 cm x 7.5 cm dressing, 10

12208M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	91.75	6.60	Mepitel One 289100 [MH]

dressing non-adherent with silicone 10 cm x 18 cm dressing, 10

12196X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	308.73	6.60	Mepitel One 289500 [MH]

▪ DRESSING NON-ADHERENT WITH SILICONE

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

dressing non-adherent with silicone 7.5 cm x 10 cm dressing, 5

12651W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	64.85	6.60	Atrauman Silicone 499561 [HR]

▪ DRESSING TULLE NON-ADHERENT PRIMARY WOUND CONTACT LAYER PARAFFIN

dressing tulle non-adherent primary wound contact layer paraffin 7.6 cm x 7.6 cm dressing, 1

4909J

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
10	1	..	*20.18	6.60	Adaptic 2012 [KI]

▪ DRESSING WITH SILVER

Note Hartmann wound dressings are available through HARTMANN and Independence Australia only. If you would like to order Hartmann Wound Care products, please call HARTMANN customer service on 1800 805 839 or Independence Australia on 1300 788 855.

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing with silver 10 cm x 10 cm tulle dressing, 10

12591Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	115.68	6.60	Atrauman Ag 499573 [HR]

dressing with silver 10 cm x 10 cm tulle dressing, 3

4648P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	44.94	6.60	Atrauman Ag 499572 [HR]

▪ DRESSING WITH SILVER

Note Coloplast dressings are available via a range of distributors. However, Coloplast's principal agreement to ensure correct RPBS Price to Pharmacy and ready supply has been secured with Independence Australia on 1300 788 855 and BrightSky

on 1300 290 400. Please note that Coloplast is unable to guarantee ready supply or rebate for price differences on purchases outside these distributors.

Authority required

Wounds

Clinical criteria:

- Patient must have a wound where there is evidence of critical colonisation; OR
- Patient must have a well-assessed chronic wound that has not responded to conventional dressings.

dressing with silver 10 cm x 10 cm hydroactive dressing, 5

4646M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	168.83	6.60	Biatain Ag 9622 [CT]

dressing with silver 12.5 cm x 12.5 cm hydroactive dressing, 5

4647N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	183.54	6.60	Biatain Ag 9632 [CT]

▪ GAUZE AND COTTON TISSUE COMBINE ROLL

gauze and cotton tissue combine roll 10 cm x 10 m wrapped pack roll, 1

4761N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	21.46	6.60	JJ 12010 [JJ]

gauze and cotton tissue combine roll 9 cm x 10 m wrapped pack roll, 1

4767X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	16.85	6.60	BSN 2902165 [BV]

▪ PAD WOUND DEBRIDEMENT

Note If the wound has not healed during this period, further use is to be discontinued after initial pack, no repeats. Where wounds remain unresponsive to standard treatment, patient should be referred on to a specialist.

pad wound debridement pad, 5

11391M

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	92.45	6.60	Debrisoft Lolly [LC]

pad wound debridement 10 cm x 10 cm pad, 5

11383D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	92.45	6.60	Debrisoft [LC]

▪ POVIDONE-IODINE

povidone-iodine 9.5 cm x 9.5 cm dressing, 25

10847X

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	2	..	78.63	6.60	Inadine [KI]

▪ SODIUM CHLORIDE + HYPOCHLOROUS ACID + SODIUM HYPOCHLORITE

sodium chloride 0.022% + hypochlorous acid 0.004% + sodium hypochlorite 0.004% irrigation solution, 250 mL

11134B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	3	..	31.43	6.60	Microdacyn [TF]

▪ TAPE NON WOVEN RETENTION POLYACRYLATE

tape non woven retention polyacrylate 2.5 cm x 9.1 m tape, 1 roll

4915Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	17.71	6.60	Medipore 2961 [MM]

▪ TAPE NON WOVEN RETENTION POLYACRYLATE

Note Molnlycke Healthcare products are distributed through leading pharmacy distributors. To best ensure product availability at RPBS agreed prices, special arrangements have been made with API and Independence Australia Health Solutions (IAHS). IAHS orders can be placed on: Tel: 1300 788 855; or Email customerservice@independenceaustralia.com. Molnlycke Healthcare are not able to ensure product availability or pricing on listed products beyond these two suppliers.

tape non woven retention polyacrylate 2.5 cm x 10 m tape, 1 roll

4917T

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	16.23	6.60	Mefix 310250 [MH]

▪ TAPE PLASTER ADHESIVE ELASTIC

tape plaster adhesive elastic 5 cm x 2.5 m tape, 1 roll

4781P

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	24.55	6.60	Leukoplast 01072-00 [BV]

tape plaster adhesive elastic 7.5 cm x 2.5 m tape, 1 roll

4782Q

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	28.23	6.60	Leukoplast 01073-00 [BV]

tape plaster adhesive elastic 2.5 cm x 2.5 m tape, 1 roll

4780N

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.61	6.60	Leukoplast 01071-00 [BV]

▪ TAPE PLASTER ADHESIVE HYPOALLERGENIC

tape plaster adhesive hypoallergenic 1.9 cm x 7.3 m dispenser tape, 1 roll

4849F

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	16.24	6.60	Nexcare Gentle Paper First Aid Tape 789 [MM]

tape plaster adhesive hypoallergenic 5 cm x 5 m tape, 1 roll

4788B

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	21.46	6.60	Leukoflex 1124 [BV]

tape plaster adhesive hypoallergenic 5 cm x 5 m tape, 1 roll

4789C

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	22.78	6.60	Leukosilk 1024 [BV]

tape plaster adhesive hypoallergenic 5 cm x 5 m tape, 1 roll

4790D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	21.95	6.60	Leukopor 2474 [BV]

tape plaster adhesive hypoallergenic 2.5 cm x 5 m tape, 1 roll

4787Y

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.96	6.60	Leukosilk 1022 [BV]

tape plaster adhesive hypoallergenic 2.5 cm x 5 m tape, 1 roll

4794H

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	18.43	6.60	Leukopor 2472 [BV]

tape plaster adhesive hypoallergenic 1.9 cm x 5.4 m dispenser tape, 1 roll

4848E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	16.24	6.60	Nexcare Durable Cloth First Aid Tape 799 [MM]

tape plaster adhesive hypoallergenic 1.25 cm x 5 m tape, 1 roll

4783R

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	16.15	6.60	Leukopor 2471 [BV]

tape plaster adhesive hypoallergenic 1.25 cm x 5 m tape, 1 roll

4785W

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	16.42	6.60	Leukosilk 1021 [BV]

▪ TAPE PLASTER ADHESIVE WITH SILICONE

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tape plaster adhesive with silicone 2 cm x 3 m tape, 1 roll

4239D

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	25.08	6.60	Mepitac 298300 [MH]

tape plaster adhesive with silicone 4 cm x 1.5 m tape, 1 roll

4240E

Max.Qty Packs	No. of Rpts	Premium $	DPMQ $	MRVSN $	Brand Name and Manufacturer
‡1	..	..	25.08	6.60	Mepitac 298400 [MH]

Extemporaneously Prepared Benefits

Drug Tariff

Drug	Standard	Recovery Prices			
		0.1 g/mL $	1 g/mL $	10 g/mL $	100 g/mL $
Acacia, powdered	BP	0.03	0.31	2.82	17.90
Acetic Acid (33 per cent)	BP	0.02	0.17	1.68	16.79
Acetic Acid (6 per cent)	BP	0.01	0.04	0.40	4.01
Acetone (use as additive only)	BP	0.02	0.17	1.50	13.34
Alum	BP	0.02	0.20	1.78	15.84
Aluminium Acetate Solution	BP	0.02	0.20	1.83	16.31
Anise Water Concentrated 1 in 40	BP	0.01	0.08	0.77	7.66
Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.07	0.59	5.21
Ascorbic Acid (for use only as an ingredient of ferrous sulfate mixtures)	BP	0.05	0.49	4.38	27.83
Aspirin	BP	0.10	1.00	8.96	79.63
Belladonna Tincture	BP	0.03	0.33	2.97	26.42
Benzocaine	BP	0.19	1.86	10.60	106.00
Benzoic Acid	BP	0.19	1.93	17.36	110.20
Benzoic Acid Compound Ointment	APF	0.02	0.21	1.89	16.79
Benzoic Acid Solution	BP	0.02	0.21	2.11	21.06
Benzoin Compound Tincture	BP	0.04	0.44	3.93	34.91
Boric Acid (use as additive only)	BP	0.06	0.58	5.22	33.15
Boric Acid, Olive Oil and Zinc Oxide Ointment	QHF	0.02	0.18	1.65	10.46
Calcium Hydroxide	BP	0.12	1.16	10.44	66.30
Calcium Hydroxide Solution	BP	0.01	0.02	0.23	2.32
Castor Oil (use as additive only)	BP	0.01	0.12	1.05	9.37
Cetomacrogol Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.06	0.51	4.55
Cetrimide Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.02	0.17	1.37	12.21
Chlorhexidine Acetate (use as additive only)	BP	10.94	109.39	625.10	6251.00
Chlorhexidine Aqueous Cream (for use only as a base combined with active ingredients)	APF	0.01	0.05	0.48	4.31
Chloroform (use as additive only)	BP	0.10	0.95	8.59	76.38
Chloroform Spirit	BP	0.01	0.09	0.86	8.64
Chloroform Water Concentrated 1 in 40	APF 15	0.01	0.11	1.14	11.38
Citric Acid Monohydrate	BP	0.10	0.95	8.55	54.30
Coal Tar	BP	0.06	0.63	5.68	50.47
Coal Tar Solution	BP	0.03	0.26	2.38	15.10
Cocaine Hydrochloride	BP	7.38	73.75	421.43	4214.32
Coconut Oil	BP	0.05	0.50	4.52	28.68
Codeine Linctus	APF	0.02	0.16	1.41	8.94
Codeine Phosphate (may only be prescribed in linctuses, mixtures or mixtures for children)	BP	7.56	75.58	431.90	4319.00
Collodion Flexible	BP	0.46	4.63	41.65	264.43
Dithranol	BP	3.78	37.76	215.78	2157.82
Emulsifying Ointment (for use only as a base combined with active ingredients)	BP	0.01	0.15	1.35	11.98
Ephedrine Hydrochloride (may only be prescribed in nasal instillations)	BP	2.60	26.04	234.39	1488.20
Ethanol (90 per cent) (use as additive only)	BP	0.01	0.05	0.46	4.07
Ethanol (96 per cent) (use as additive only)	BP	0.01	0.06	0.56	5.00
Ether Solvent (use as additive only)	BP	0.29	2.35	18.83	167.36
Eucalyptus Oil (use as additive only)	BP	0.02	0.22	1.95	17.34
Ferrous Sulfate	BP	0.04	0.36	3.28	20.85
Formaldehyde Solution	BP	0.03	0.30	2.67	23.77

Drug	Standard	Recovery Prices			
		0.1 g/mL $	1 g/mL $	10 g/mL $	100 g/mL $
Gentian Alkaline Mixture	APF	0.01	0.09	0.68	6.00
Glycerol	BP	0.01	0.12	1.07	9.52
Honey Purified (use as additive only)	BP 1993	0.01	0.03	0.27	2.44
Hydroxybenzoate Compound Solution	APF	0.09	0.68	5.42	48.17
Iodine	BP	0.37	3.67	20.97	209.67
Iodine Alcoholic Solution	BP	0.04	0.43	3.91	24.85
Iodine Aqueous Oral Solution	BP	0.04	0.38	3.46	22.00
Kaolin Mixture	BPC 1968	0.02	0.18	1.58	14.04
Kaolin and Opium Mixture	APF 14	0.01	0.10	0.82	7.27
Lactic Acid	BP	0.08	0.76	6.81	43.25
Lavender Spike Oil	BPC 1968	0.13	1.04	8.32	73.91
Liquorice Liquid Extract	BP	0.17	1.67	15.02	133.53
Magnesium Carbonate Light	BP	0.05	0.37	2.92	25.99
Magnesium Sulfate (may only be prescribed for other than oral use)	BP	0.01	0.05	0.47	4.13
Magnesium Trisilicate	BP	0.05	0.53	4.74	42.17
Menthol, Racemic or Levomenthol	BP	0.37	3.71	33.43	212.24
Methyl Hydroxybenzoate	BP	0.43	4.29	38.62	245.20
Methyl Hydroxybenzoate Solution	APF	0.04	0.44	4.37	43.70
Methylated Industrial Spirit (use as additive only)	BP	0.01	0.01	0.09	0.79
Olive Oil (use as additive only)	BP	0.01	0.10	0.88	7.82
Paraffin Hard	BP	0.06	0.64	5.80	51.56
Paraffin Light Liquid	BP	0.03	0.33	2.94	18.68
Paraffin Liquid (use as additive only)	BP	0.01	0.09	0.82	7.28
Paraffin Soft White	BP	0.01	0.08	0.68	6.01
Peppermint Oil (use as additive only)	BP	0.10	0.96	8.68	55.12
Peppermint Water Concentrated 1 in 40 (use as additive only)	APF 16	0.05	0.46	4.10	36.47
Phenobarbitone Sodium (may only be prescribed for the treatment of epilepsy)	BP	1.26	12.59	113.34	719.60
Phenol Liquefied (not available for ear drops)	BP	0.44	4.41	39.65	251.72
Podophyllum Resin	BP	4.19	41.92	239.54	2395.40
Potassium Citrate	BP	0.03	0.30	2.67	23.71
Potassium Iodide	BP	0.50	4.99	44.87	284.90
Potassium Permanganate	BP	0.04	0.40	3.58	31.83
Propyl Hydroxybenzoate	BP	0.39	3.94	35.47	225.20
Propylene Glycol	BP	0.03	0.26	2.34	14.87
Resorcinol	BP	0.45	3.57	28.59	254.15
Salicylic Acid	BP	0.04	0.43	3.86	24.51
Salicylic Acid Ointment	APF	0.02	0.17	1.38	12.23
Salicylic Acid Ointment	BP	0.02	0.17	1.38	12.23
Simple Ointment (white) (for use only as a base combined with active ingredients)	BP	0.02	0.14	1.11	9.88
Simple Ointment (yellow) (for use only as a base combined with active ingredients)	BP	0.02	0.14	1.11	9.88
Sodium Bicarbonate	BP	0.03	0.27	2.43	21.57
Sodium Chloride	BP	0.03	0.26	2.35	20.93
Sodium Chloride Solution	BP	0.01	0.15	1.33	8.46
Sodium Citrate	BP	0.03	0.34	3.07	19.52
Sodium Thiosulfate (use as additive only)	BP	0.05	0.48	4.35	38.66
Starch	BP	0.02	0.16	1.44	12.81
Sulfur Ointment (for use only as a base combined with active ingredients)	BP 1980	0.01	0.14	1.45	14.46
Sulfur Precipitated	BP 1980	0.03	0.30	2.69	17.09
Syrup	BP	0.01	0.06	0.57	5.03
Talc Purified, sterilised	BP	4.97	49.74	447.67	3979.31
Thymol	BP	0.51	5.13	46.18	293.20
Thymol Compound Mouth Wash	APF 15	0.01	0.14	1.26	11.24
Tragacanth Compound Powder	BP 1980	0.07	0.57	4.58	40.73
Tragacanth Mucilage	APF 13	0.01	0.10	1.00	10.01
Tragacanth Mucilage	BPC 1973	0.01	0.09	0.93	9.32
Tragacanth, powdered	BP	0.64	6.38	57.44	364.70
Trichloroacetic Acid	BP 1980	0.42	4.24	38.13	242.12
Triethanolamine	BP	0.14	1.40	12.62	80.13

Drug	Standard	Recovery Prices			
		0.1 g/mL $	1 g/mL $	10 g/mL $	100 g/mL $
Water For Injections, sterilised (b) (extemporaneously prepared eye drops and eye lotions)	BP	0.00	0.00	7.40	7.40
Water Purified	BP	0.01	0.01	0.13	1.17
Wool Alcohols Ointment (white) (for use only as a base combined with active ingredients)	BP	0.03	0.21	1.64	14.55
Wool Alcohols Ointment (yellow) (for use only as a base combined with active ingredients)	BP	0.02	0.19	1.48	13.18
Wool Fat	BP	0.03	0.28	2.48	22.05
Wool Fat Hydrous	BP	0.03	0.32	2.92	25.93
Zinc Compound Paste	BP	0.04	0.37	3.36	29.86
Zinc Cream (for use only as a base combined with active ingredients)	BP	0.02	0.25	2.22	19.69
Zinc Oxide	BP	0.04	0.38	3.41	30.29
Zinc Sulfate	BP	0.08	0.79	7.08	44.95
Zinc and Salicylic Acid Paste	BP	0.04	0.37	3.36	29.86

Container Prices

Type	Container	Price $
Dispensing Bottles	25mL	1.74
Dispensing Bottles	50mL	0.64
Dispensing Bottles	100mL	0.97
Dispensing Bottles	200mL	1.36
Dispensing Bottles	500mL	1.28
Poison Bottles	25mL	0.95
Poison Bottles	50mL	0.82
Poison Bottles	100mL	0.93
Poison Bottles	200mL	1.16
Poison Bottles	500mL	2.00
Dropper Containers (Glass)	15mL	1.24
Dropper Containers (Polythene)	15mL	0.98
Screw Cap Jars	25g	1.20
Screw Cap Jars	50g	1.51
Screw Cap Jars	100g	1.37
Screw Cap Jars	200g	0.77
Screw Cap Jars	500g	2.19

Standard Formula Preparations

Code	Item	Reference	DPMQ $	MRVSN $
	Creams			
	(Maximum Quantity 100 g and 1 Repeat)			
7502W	Salicylic Acid and Sulfur Aqueous	APF	17.65	19.32
	Ear Drops			
	(Maximum Quantity 15 ml and 2 Repeats)			
7643G	Aluminium Acetate	BP	13.55	15.22
7642F	Aluminium Acetate	APF	12.54	14.21
7314Y	Sodium Bicarbonate	APF & BP	11.67	13.34
7313X	Spirit	APF	11.32	12.99
	Inhalations			
	(Maximum Quantity 50 ml and 1 Repeat)			
7484X	Benzoin and Menthol	APF	33.60	35.27
7308P	Menthol	APF	16.59	18.26
7310R	Menthol and Eucalyptus	BP1980	17.65	19.32
	Linctuses containing Codeine Phosphate			
	(Maximum Quantity 100 ml and 0 Repeat)			
7530H	Codeine	APF	19.69	21.36
	Lotions			
	(Maximum Quantity 200 ml and 2 Repeats)			
7709R	Aluminium Acetate Aqueous	APF	15.04	16.71
	Mixtures, Other			
	(Maximum Quantity 200 ml and 4 Repeats)			
7348R	Kaolin	BPC 1968	31.03	32.70
7342K	Magnesium Trisilicate	BPC 1968	26.67	28.34
7343L	Magnesium Trisilicate and Belladonna	BPC 1968	28.15	29.82
	Ointments, Waxes			
	(Maximum Quantity 100 g and 1 Repeat)			
7914M	Benzoic Acid Compound	APF & BP	27.97	29.64
7902X	Boric Acid, Olive Oil and Zinc Oxide	QHF	21.65	23.32
7926E	Salicylic Acid	APF	23.87	25.54
7928G	Salicylic Acid (extemporaneous formula)	BP	23.87	25.54
	Paints			
	(Maximum Quantity 25 ml and 1 Repeat)			
7567G	Podophyllin Compound	APF 16 & BP	176.32	41.30
7568H	Salicylic Acid	APF	105.55	41.30
	Pastes, Other			
	(Maximum Quantity 100 g and 1 Repeat)			
7558T	Zinc	APF & BP	41.05	41.30
	Powders for Internal Use			
	(Maximum Quantity 100 g and 2 Repeats)			
7545D	Magnesium Trisilicate	BP	53.36	41.30

Codes, Maximum Quantities, and Number of Repeats for Extemporaneously Prepared Benefits

Code	Preparation	Maximum Quantity	Number of Repeats
13Q	Creams	100 g	1
48M	Dusting Powders	100 g	1
15T	Ear Drops	15 ml	2
19B	Eye Drops containing Cocaine Hydrochloride	15 ml	..
22E	Eye Drops, Other	15 ml	5
23F	Eye Lotions	200 ml	2
29M	Inhalations	50 ml	1
64J	Linctuses containing Codeine Phosphate	100 ml	..
34T	Linctuses, Other	100 ml	2
39C	Lotions	200 ml	2
65K	Mixtures containing Codeine Phosphate	200 ml	..
66L	Mixtures for Children containing Codeine Phosphate	100 ml	..
41E	Mixtures for Children, Other	100 ml	4
40D	Mixtures, Other	200 ml	4
30N	Mouth Washes	200 ml	1
42F	Nasal Instillations	15 ml	2
43G	Ointments, Waxes	100 g	1
44H	Paints	25 ml	1
63H	Pastes containing Cocaine Hydrochloride	25 g	..
45J	Pastes, Other	100 g	1
49N	Powders for Internal Use	100 g	2
52R	Solutions	200 ml	2

Index of Manufacturers' Code

Code	Manufacturer
AB	Abbott Australasia Pty Ltd
AE	AFT Pharmaceuticals (AU) Pty Ltd
AF	Alphapharm Pty Ltd
AG	Allergan Australia Pty Limited
AL	Alphapharm Pty Ltd
AN	Amgen Australia Pty Limited
AP	AstraZeneca Pty Ltd
AQ	Alcon Laboratories (Australia) Pty Ltd
AS	Aspen Pharmacare Australia Pty Limited
AV	sanofi-aventis Australia Pty Ltd
BB	Blackmores Limited
BD	Biogen Australia Pty Ltd
BE	Beiersdorf Australia Ltd
BG	Sandoz Pty Ltd
BN	Bayer Australia Ltd
BQ	Bristol-Myers Squibb Australia Pty Ltd
BR	B. Braun Australia Pty Ltd
BV	BSN medical (Aust.) Pty Ltd
BX	Baxter Healthcare Pty Limited
BY	Boehringer Ingelheim Pty Ltd
BZ	Boucher & Muir Pty Ltd
CC	ConvaTec Australia Pty Ltd
CF	CNS Pharma Pty Ltd
CH	Apotex Pty Ltd
CJ	Celgene Pty Limited
CR	Pharmacor Pty Limited
CS	Seqirus (Australia) Pty Ltd
CT	Coloplast Pty Ltd
CU	Care Pharmaceuticals Pty Limited
CX	Contact Lens Centre Australia Limited
DE	Stallergenes Australia Pty Ltd
DJ	De Fries Industries Pty Ltd
DQ	Church & Dwight (Australia) Pty Ltd
DV	Medical Developments International Limited
DX	Ascensia Diabetes Care Australia Pty Limited
DZ	Medsurge Healthcare Pty Ltd
EA	Amneal Pharmaceuticals Pty Ltd
ED	Amneal Pharmaceuticals Pty Ltd
EF	Amneal Pharmaceuticals Pty Ltd
EI	Eisai Australia Pty Ltd
EJ	Encapsulate Pharma Pty Ltd
EO	Ego Pharmaceuticals Pty Ltd
EU	Chiesi Australia Pty Ltd
EV	Teva Pharma Australia Pty Ltd
EW	Celltrion Healthcare Australia Pty Ltd
FB	Pierre Fabre Australia Pty Ltd
FD	Dr Falk Pharma Australia Pty Ltd
FF	Phebra Pty Ltd
FG	Phebra Pty Ltd
FI	Boehringer Ingelheim Pty Ltd
FK	A.Menarini Australia Pty Limited
FO	For Benefit Medicines Pty Ltd
FP	Ferring Pharmaceuticals Pty Limited
FQ	Pharmaco (Australia) Limited
FX	Gedeon Richter Australia Pty Ltd
FZ	Pfizer Australia Pty Ltd
GA	Galderma Australia Pty Ltd
GC	GlaxoSmithKline Australia Pty Ltd
GG	Gem Pharma Pty Ltd
GH	Amdipharm Mercury (Australia) Pty Limited
GI	Gilead Sciences Pty Limited
GJ	GlaxoSmithKline Consumer Healthcare Australia Pty Ltd
GK	GlaxoSmithKline Australia Pty Ltd
GN	Actavis Pty Ltd
GO	Mylan Health Pty Ltd
GQ	Generic Health Pty Ltd
GT	Mylan Health Pty Ltd
GX	Apotex Pty Ltd

Code	Manufacturer
GZ	sanofi-aventis Australia Pty Ltd
HB	Besins Healthcare Australia Pty Ltd
HQ	Generic Health Pty Ltd
HR	Paul Hartmann Pty Ltd
HT	BTC Speciality Health Pty Ltd
HX	Sandoz Pty Ltd
IB	Apotex Pty Ltd
IG	Sigma Company Limited
IJ	I-Care Pharma Distributors Pty Ltd
IL	iNova Pharmaceuticals (Australia) Pty Limited
IM	iNova Pharmaceuticals (Australia) Pty Limited
IO	BioMarin Pharmaceutical Australia Pty Ltd
IQ	Alcon Laboratories (Australia) Pty Ltd
IR	Indivior Pty Ltd
IS	Ipsen Pty Ltd
IX	Clinect Pty Ltd
IY	Clinect Pty Ltd
JB	Apotex Pty Ltd
JC	Janssen-Cilag Pty Ltd
JJ	Johnson & Johnson Medical Pty Ltd
JO	Juno Pharmaceuticals Pty Ltd
JT	Johnson & Johnson Pacific Pty Limited
JU	Juno Pharmaceuticals Pty Ltd
JX	Juno Pharmaceuticals Pty Ltd
KE	Kendall Australasia Pty Ltd
KI	KCI Medical Australia Pty Ltd
KP	Eli Lilly Australia Pty Ltd
KY	Key Pharmaceuticals Pty Ltd
LC	Lohmann & Rauscher Pty Ltd
LI	Luminarie Pty Ltd
LL	Astellas Pharma Australia Pty Ltd
LM	Link Medical Products Pty Ltd
LN	Aspen Pharmacare Australia Pty Limited
LO	Leo Pharma Pty Ltd
LQ	Astellas Pharma Australia Pty Ltd
LR	Cipla Australia Pty Ltd
LS	Astellas Pharma Australia Pty Ltd
LU	Lundbeck Australia Pty Ltd
LV	Luminarie Pty Ltd
LX	Lawley Pharmaceuticals Pty Ltd
LY	Eli Lilly Australia Pty Ltd
MF	Mundipharma Pty Limited
MH	Molnlycke Health Care Pty Ltd
MK	Merck Sharp & Dohme (Australia) Pty Ltd
MM	3M Pharmaceuticals Australia Pty Ltd
MQ	Alphapharm Pty Ltd
MT	Mentholatum Australasia Pty Ltd
MW	Biomed Aust Pty Limited
NE	Norgine Pty. Ltd.
NF	Novo Nordisk Pharmaceuticals Pty. Limited
NI	Novo Nordisk Pharmaceuticals Pty. Limited
NM	Novartis Pharmaceuticals Australia Pty Limited
NO	Novo Nordisk Pharmaceuticals Pty. Limited
NQ	Takeda Pharmaceuticals Australia Pty. Ltd.
NT	Nestle Australia Ltd
NU	Nutricia Australia Pty Limited
NV	Novartis Pharmaceuticals Australia Pty Limited
OB	Oral B Laboratories Pty Ltd
OC	Accord Healthcare Pty. Ltd.
OD	Accord Healthcare Pty. Ltd.
OE	Omegapharm Pty Ltd
OH	Orpharma Pty Ltd
OM	Colgate Oral Care
ON	Orion Laboratories Pty. Ltd.
OQ	Organon Pharma Pty Ltd
OS	Otsuka Australia Pharmaceutical Pty. Ltd
OU	Oraderm Pharmaceuticals Pty Ltd
OV	Organon Pharma Pty Ltd
OW	Arrow Pharma Pty Ltd

Code	Manufacturer
PB	Pharmaco (Australia) Limited
PE	Allergan Australia Pty Limited
PF	Pfizer Australia Pty Ltd
PK	Fresenius Kabi Australia Pty Limited
PP	Petrus Pharmaceuticals Pty Ltd
PY	Procter & Gamble Pharmaceuticals Australia Pty Ltd
QH	Cortex Health Pty Ltd
QS	Sandoz Pty Ltd
QY	Pro Pharmaceuticals Group Pty. Ltd.
RA	Sun Pharma ANZ Pty Ltd
RB	Bio Revive Pty Ltd
RC	Reckitt Benckiser (Australia) Pty Limited
RF	Arrow Pharma Pty Ltd
RI	Dr Reddy's Laboratories (Australia) Pty Ltd
RJ	Recordati Rare Diseases Australia Pty. Ltd.
RM	Pharmacor Pty Limited
RN	Sun Pharma ANZ Pty Ltd
RO	Roche Products Pty Ltd
RW	Arrow Pharma Pty Ltd
RX	Servier Laboratories (Aust.) Pty. Ltd.
RZ	Dr Reddy's Laboratories (Australia) Pty Ltd
SA	SciGen (Australia) Pty Limited
SB	Nutricia Australia Pty Limited
SE	Servier Laboratories (Aust.) Pty. Ltd.
SG	Merck Healthcare Pty Ltd
SI	Sigma Company Limited
SN	Smith & Nephew Pty Limited
SS	SSL Australia Pty Ltd
SW	sanofi-aventis Australia Pty Ltd
SY	Bayer Australia Ltd
SZ	Sandoz Pty Ltd
TB	Teva Pharma Australia Pty Ltd
TD	STADA Pharmaceuticals Australia Pty Limited
TF	Te Arai BioFarma Limited
TI	Teva Pharma Australia Pty Ltd
TK	Takeda Pharmaceuticals Australia Pty. Ltd.
TM	Technipro PulmoMed Pty Ltd
TQ	Terumo BCT Australia Pty Limited
TS	Specialised Therapeutics Australia Pty Ltd
TT	Theramex Australia Pty Ltd
TW	Apotex Pty Ltd
TX	Apotex Pty Ltd
TY	Apotex Pty Ltd
UC	UCB Australia Proprietary Limited
UJ	Upjohn Australia Pty Ltd
UL	Bausch & Lomb (Australia) Pty Ltd
UM	Unomedical Pty Ltd
UN	Unilever Australia Limited
UO	Bausch & Lomb (Australia) Pty Ltd
UR	Camurus Pty Ltd
VE	AbbVie Pty Ltd
VF	Vitaflo Australia Pty Limited
VI	ViiV Healthcare Pty Ltd
VL	Vifor Pharma Pty Limited
VO	Avallon Pharmaceuticals Pty Limited
VR	Vertex Pharmaceuticals (Australia) Pty. Ltd.
VZ	Sanofi-aventis Healthcare Pty Ltd
WA	sanofi-aventis Australia Pty Ltd
WC	Wockhardt Bio Pty Ltd
XC	Southern Cross Pharma Pty Ltd
XH	MS Health Pty Ltd
XI	Alexion Pharmaceuticals Australasia Pty Ltd
XN	Southern XP Pty Ltd
XT	Arrotex Pharmaceuticals Pty Ltd
YC	Cipla Australia Pty Ltd
YN	Mayne Pharma International Pty Ltd
YT	Mayne Products Pty Ltd
ZE	Seekwell Pty Ltd
ZO	Swedish Orphan Biovitrum Pty Ltd
ZP	Medis Pharma Pty Ltd
ZS	Strides Pharma Science Pty Ltd

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